Economics 274952

5.1953

First possible from the Seventh mentons aconomics Sevents

How Do Doctors
Line Up Politically?

See page 81

A KAUFINAN

Safe, gradual, M468 prolonged o.1952 vasodilation

Isn't that what you want for your hypertensive patients?



Nitranitol provides it ... permitting hypertensives to resume more normal lives.

And . . . therapeutic dosages of NITRANITOL can be maintained over long periods of time . . . without frequent checkups . . . without worry about possible toxic effects.

Nitranitol is the universally prescribed drug in the management of essential hypertension.

NITRANITOL

FOR SAFE CRADUAL PROLONCED VASODILATION

(brand of mannitol hexanitrate)



- 1. When vasodilation alone is indicated -NITRANITOL.
- When sedation is desired—NITRANITOL with PHE-NOBARBITAL.
- For extra protection against hazards of capillary fragility—NITRANITOL with PHENOBARBITAL and RUTIN.
- 4. When the threat of cardiac failure exists—NITRANITOL with PHENOBARBITAL and THEOPHYLLINE.
- For refractory cases of hypertension NITRANITOL P.V. (Nitranitol, Phenobarbital, Veratrum Alkaloids*)

*alkavervir



Let us send you this Simple, Complete, and Efficient Day-book-type Financial Record. Full Letter Size, $8\frac{1}{2}\times11$ "—No Crowding. Complete breakdown on Income and Expenses.

Provides Maximum Information for Tax Returns.

IT'S YOUR MOVE . SEE IT FOR YOURSELF

SINGLE BOOK \$7.50 DOUBLE BOOK \$15.00
ONE DAILY PAGE FOR TWO DAILY PAGES FOR EACH DAY

THE MEDICAL ARTS SUPPLY Co.

706-10 Fourth Avenue

Phones 28341-28342

HUNTINGTON 15, WEST VIRGINIA

anitrate)

nt

NITOL.

pillary AL and NITOL

NITOL

vids*) kavervir

informative foursome

In the laboratory or ward, Ames Diagnostic Reagent Tablets

give important information quickly, easily and dependably at low cost.

Each test is self-contained and performed in 3 simple steps without external heating.



for acetonuría

Bottles of 100 and 250 Reagent Tablets

BUMINTEST

for albuminuria

Bottles of 32, 100 and 500 Reagent Tablets



for urine-sugar

Institutional Packages of 1200 and 3000 Reagent Tablets
Bottles of 36 Reagent Tablets
Cartons of 24 Reagent Tablets (SEALED IN FOIL)
Urine-sugar Analysis Set No. 2106
Urine-sugar Analysis Set No. 2155 (UNIVERSAL MODEL)



for occult blood

Bottles of 60 and 500 Reagent Tablets





Ames Diagnostic Kit No. 2000, contains all the necessary materials

for the four tests in one handy unit.

"Brand" names Aceyst, Bumintest, Clinitest, Hemoiest are registered trademarka,

THE MEDICAL ARTS SUPPLY Co.

706-10 Fourth Avenue

Phones 28341-28342

HUNTINGTON 15, WEST VIRGINIA

PROPER PROCTOLOGICAL POSITIONING WITH FINGER-TIP GEAR CONTROLS

ing.

10.

dy unit.



GARFIELD PROCTOSCOPIC TABLE FOR MINOR TREATMENT TO MAJOR SURGERY

EXACT POSITIONING ... Gear controls provide all adjustments—leg section—elbow rest—complete table top.

EASE OF INSTRUMENTATION ... Patient rests entirely on knees and elbows—

PATIENT COMFORT ... Heavy foam latex pad covered with beauti-

THE MEDICAL ARTS SUPPLY Co.

706-10 Fourth Avenue

Phones 28341-28342

HUNTINGTON 15, WEST VIRGINIA



Medical Economics

* * * * October 1932 * *	
How to Chart Your Financial Needs	66
What the Ethics Code Says About It	70
Surgical Row Simmers Down	72
Your Economic Weather Vane First results from the Seventh MEDICAL ECONOMICS Survey	77
The Average U.S. Physician	78
Physicians' Politics	81
Physicians' Fees	88
How to 'Tax-Shelter' Your Investments	103
Doctor, Stop Killing Yourself!	112
Watch the Mutual Funds as a Guide?	117
An Experiment in Understanding	129
The Case for Sociable Medicine	143
Australian M.D.'s Try a Middle Way	147
Prepare Now for Tax Rate Change	163

Contents [Continued]

They Said He'd Quit Practice.	96	Letters to a Secretary	153
Block Builder	139	Where Ike Stands on Health	173

DEPARTMENTS

Index of Advertisers	5	Editorial	65
Panorama	11	The Newsvane	183
Speaking Frankly	25	M.E. Index (April-Sept.)	259
Sidelights	47	Memo from the Publisher	264

Editor-in-Chief: H. Sheridan Baketel, M.D.

Editor: William Alan Richardson

Executive Editor: R. Cragin Lewis

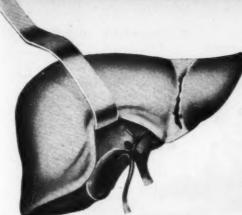
Senior Associate Editors: Donald M. Berwick, Roger Menges

Editorial Associates: Wallace Croatman, Helen C. Milius

Editorial Production: Douglas R. Steinbauer

Publisher: Lansing Chapman General Manager: W. L. Chapman Jr. Sales Manager: Robert M. Smith Production Manager: J. E. Van Hoven

Published monthly and copyrighted 1952 by Medical Economics, Inc., 210 Orchard St., East Rutherford, N.J. Price 50 cents a copy, \$5 a year (Canada and foreign, \$6). Acceptance authorized under Section 34.64 PL&R. Circulation: 132,000 physicians. PICTURE CREDITS: (left to right, top to bottom) Cover, 77-93, Drawings by Al Kaufman; 72, Press Association; 94, 95, 203, Look Magazine; 185, Fabian Bachrach; 201, Delar; 213, John Henderson; 247, Wide World.



153

173

65 183 259

264

03.

ide

to restore

normal fat metabolism

HEPA-DESICOL



Kapseals

combined lipotropic and bile therapy

HEPA-DESICOL combines choline, methionine, and inositol with Desicol (desiccated whole fresh bile, Parke-Davis). It is valuable in the treatment of liver dysfunction often accompanying early cirrhosis, alcoholism, diabetes mellitus, malnutrition, obesity, and atherosclerosis.

Lipotropic action of choline, methionine, and inositol is well established; Desicol not only provides additional bile but also stimulates normal bile flow. This dual action of HEPA-DESICOL provides more effective therapy of disturbed fat metabolism.

HEPA-DESICOL, Kapseals are supplied in bottles of 100 and 1000.



Parke, Davis , Company

breathing freely again

Nasal congestion is cleared promptly with Antistine-Privine
Nasal Solution. This combined antiallergic and vasoconstrictor offers
decongestant action that "in many instances appears to be more intense
and prolonged than from either solution alone." L'Antistine-Privine
(aqueous solution of antazoline hydrochloride 0.5% and naphazoline
hydrochloride 0.025%) is supplied in 1-fluidounce bettles with droppera.
Ciba Pharmaceutical Products, Inc., Summit, New Jersey.

1. Friedlaander, S., and Friedlaender, A. S.: Am. Pract. 2:643, 1948.

Antistine Privine

Ciba

	Abbott Laboratories Alden Tobacco Company, John Alkalol Company, The Almay, Inc. American Cystoscope Makers, Inc. American Hospital Supply Corp. American Medical Education Foundation	18 28 232 20
	American Cystoscope Makers, Inc Ames Company, Inc 194, American Hospital Supply Corp American Medical Education	231 195 54
	Armour & Co. Armstrong System, The Averst, McKenna & Harrison, Ltd.	142 217 125 132
	Babee-Tenda Corporation Barnes Co., A. C. 108, Bauer & Black (Div. of Kendall Co.). Baxter Labs. 54, Becton, Dickinson & Co. 224. Beech-Nut Packing Co. Belmont Laboratories Birtcher Corp., The 240, Boyle & Company—Insert between 200, 28 Brayten Pharmaceutical Company	33 210 170 223 248 150 257 253 201*
	Burdick Corporation, The	146
Bindi	Carbisulphoil Company, The Castle Co., Wilmot	192 34
gra gra	Ciba Pharmacentical Products, Inc.	129°
covered !	Castle Co., Wilmot Central Pharmacal Co. Insert between 128, Ciba Pharmaceutical Products, Inc. 4, 21, 140, 200, Clay-Adams Company, Inc. Colvell Publishing Co. Congoleum-Nairn, Inc. Continental X-Ray Corp. Cutter Laboratories	245 181 50 128
by U.	Continental X-Ray Corp	29 129*
ŝ		246
patent	Desitin Chemical Co. Dome Chemicals, Inc. Drew Pharmacal Co., Inc. du Pont de Nemours & Co., Inc., E. I.	244 239 31
Z	Edison Company. The Thomas A	189
Binding covered by U.S. patent No. 2,193,534	Fairbanks, Morse & Co	160 162 52 43 7
***	Gallia Laboratories, Inc. Gardner, Firm of R. W. Geigy Company, Inc. General Electric Company.	256 244 104
	Gallia Laboratories, Inc. Gardner, Firm of R. W. Geigy Company, Inc. General Electric Company, X-Ray Department General Foods Corporation Gerber Products Co. Gillen & Co. Gomeo Surgical Manufacturing Co.	164 161 38 222 36
	Hanson Scale Company Harrower Laborafory, Inc., The Heinz Company, H. J. Hoffmann-LaRoche, Inc. Holland-Rantos Co. Hyland Laboratories	256 122 186 130 138 216
	Investors Diversified Services, Inc Irwin, Neisler & Co	$\frac{236}{212}$
	Johnson & Johnson 243, "Junket" Brand Foods	258 51
	Kalak Water Co. of New York, Inc Kinney & Company	238 156 19
	*In specified territories	

From where I sit

Wonder How Miss Gilbert Is in "History"?

By now I guess you've heard about the spelling errors in the kids' report cards this week.

A typical card looked like this:

Arithmetic.							В
Geography.				0			B-
Spelling							
Grammer							B

I don't know if Miss Gilbert, the principal, actually wrote those cards, but she took full responsibility. This morning I hear she got up in the Assembly Hall—before all the students—and started writing GRAMMAR with two "a's" on the blackboard 100 times!

From where I sit, I'll bet this makes her even more popular with the students. It's nice to see an expert admit she occasionally makes a mistake. Too many so-called "experts" claim they're never wrong on such subjects as what you or I ought to eat... how we should practice our profession... whether we should enjoy beer or buttermilk. A really wise person never claims to "know all the answers" all the time.

Joe Marsh

Copyright, 1952, United States Brewers Foundation



When the demand is for fast, effective and complete pain relief, Strascogesic is significantly superior. Its carefully balanced formular aloas pain thresholds to new high levels, markedly improves patient outlook, reduces tension associated with pain. Of particular value in dysmenor has returnetic or low back pain, muscle and joint pain, neuralgia, neuritis, headschex, codes and grippe.

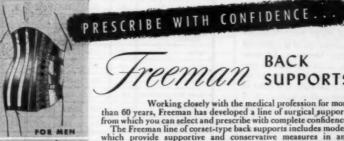
Each Strascogesic (me-servalle) tablet contains:

Stracoupeaic is evailable on prescription only. Supply for initiating treatment in several cases furnished on sequest. Write Medical Service Department, R. J. Strasenburgh Co., Rockester 14, R. Y.

Strasenburgh

Lakeside Laboratories, Inc	Schenley Labor Schering Corpo Seamless Rubb
McNeil Labs. Inc. 208, 209 M & R Laboratories 96 Maltbie Laboratories, Inc. 158, 159 Master Metal Products, Inc. 230 Mead Johnson & Company	Searle & Co., Seeck & Kade, Shampaine Co. Sharp & Dohn
Merck & Co., Inc. 35 Merrell Co., The Wm. S. IFC, 102, 126, 127 Monsanto Chemical Company 237	Shield Laborat Smith, Kline & 53, 62, 63, 1 Smith Co., Ma
National Business Publications 241 National Drug Company, The 250 Nepera Chemical Company, Inc. 26 Nestle's Milk Products, Inc. 182 Noszema Chemical Company 202	Spencer Studios Squibb & Sons, Strasenburgh Co Swift & Co Taylor Instrume
Ortho Pharmaceutical Corp 114	Tailby-Nason C
Parke, Davis & Co	Tarbonis Co., Travenol Labs. Union Pharmac U.S. Brewers Fo
Pitman-Moore Company	U.S. Vitamin C Upjohn Compar Vestal, Inc
Q-Tips, Inc	Wampole & Co
Ralston Purina Company 120, 229 Raymer Pharmacal Co 46, 154	Wander Compa Welch Allyn, I
Resinol Chemical Co. 256 Riker Laboratories, Inc. 16, 17 Robins Company, Inc. 39, 226, 227 Insert between 64, 65	Westinghouse E White Laborato Whitehall Pharr Wilco Laborato
Roering & Co., J. B 42, 110	Wilmot Castle
Rystan Company, The 106	Winthrop-Steam
Sanborn Co	Wyeth, Inc

Sanka Schenley Laboratories, Inc. Schering Corporation 45, 193, Seamless Rubber Co. Searle & Co., G. D. Seeck & Kade, Inc. Shampaine Co., The Sharp & Dohme, Inc.	144 8, 9 218
Shield Laboratories	55
53, 62, 63, 134, 148, 169, 184, 198,	199 169 166 236 196 6 101
Taylor Instrument Co. Tailby-Nason Company Tarbonis Co., The Travenol Labs.	220 113 223
Union Pharmaceutical Co., Inc U.S. Brewers Foundation, Inc U.S. Vitamin Corp	109 5 119 60
Vestal, Inc. Wampole & Company, Inc., Henry K. Wander Company, The Welch Allyn, Inc. Westinghouse Electric Corp. White Laboratories, Inc. 40, 41, 190, Whitehall Pharmacal Company 30, 58 Wilco Laboratories Wilmot Castle Co. Winthrop-Stearns, Inc. Wyeth, Inc. 24, 234, 235,	228 152 32 221 172 191 , 59 242 34 49 254



BACK Mall SUPPORTS

Working closely with the medical profession for more than 60 years, Freeman has developed a line of surgical supports from which you can select and prescribe with complete confidence.

The Freeman line of corset-type back supports includes models which provide supportive and conservative measures in any required degree up to almost complete immobilization. In addition to correct design and quality construction Freeman supports embody many advancements and improvements. Linings and stay covers are cushioned for comfort and side-laced back supports have a new and exclusive self-smoothing, non-wrinkle fly. Mail coupon for details of Freeman quality features and free

copy of pocket-size reference catalog.



FREEMAN	MANUFACTURING	CO., Dept. 31	0, Sturgis,	Michigan
Send infor	mation about Freema	in features and f	free copy of	reference catalog

Address

22 Published Reports Covering Treatme

Comprising the reports published in the literature to date

AUTHORS	No. of	Chronic, Resistant		TYPES O	ULCERS		I
AUTHURS	Patients	to Other Therapy	Duodenal	Jejunal	Stomal	Gastrie	1
Grimson, Lyons, Reeves	100	100	93	7			Ĭ
Friedman	15	15	14			1	Ī
Beckgaard, Nielsen, Bang Gruefund, Tobiassen	26	26	21			5	Ī
McHardy, Browns, Edward Marek, Ward	162		162				Ĭ
Segal, Friedman, Watson	34	34	344				İ
Brown, Collins	117	99	117				Ī
Asker	77		65		7	5	Ï
Redriguez de la Vega, Reyes Diaz	5	4	5			11	į
Winkelstein	116	116	102	8		6	1
Hall, Hornisher, Weeks	18	18	18				1
Maier, Meili	38	38	24			14*	1
Mayer, Jarman	25	18	25				I
Path, Framer	37	37	37				L
Planmer, Barks, Williams	41	41	41				L
McDonough, O'Neil	104	100	104				L
Broders	60	60	58		1	1	L
Legerton, Texter, Ruffin	11		11				L
Holoubek, Holoubek, Langford	76	69	76				
Ogbora	42		39	2		1	
Shaiken	48	48	48				
Johnston	145	145	145				
Rossett, Knox, Stephenson	146		141			5	
TOTALS	1443	948	1380	17		28	
PERCENTAGES		67.8	95.4	1.2	0.6	2.4	

During the past two years, more than 200 references to Banthine therapy in peptic ulcer and other parasympathotonic conditions have appeared in medical literature. Of these reports, 22 have presented specific facts and figures on the results of treatment in a total of 1443 peptic ulcer patients, 67.8 per cent of whom were reported as chronic or resistant to other therapy. These results are tabulated above and show:

"Good" relief of symptoms was obtained in 81.3 per cent of the 1405 patients on whom reports were available.

"Complete" evidence of healing was obtained in 70.5 per cent of the 783 patients on whom reports were available, In all but 9.3 per cent, relief of pain was "good" of "fair." In all but 22.9 per cent, evidence of healing was "complete" or "moderate,"

During treatment, 26 patients required surgery or developed complications which required discontinureatme

1443 Peptic Ulcer Patients with Banthine

ve specific facts and figures of the results of treatment

Gastric	SYMPTOMS My Pain)		(MPTOMS Surgery Side Effects Pain) or Requiring		EVIDENCE OF HEALING					
	Poor	Min	Compli- cations ¹	Discontinuance	Complete	Moderate	Hone	No Report		
1	1		5		47		19	29		
5	4	61			2			13		
	6	T			8	6	12	7711		
	11		3	1	14	9	7	129		
	#		7	2	5			14		
5	1		5		55	9	8	40		
	16			16		9	21	47		
6	1					3	2			
	14				53		18	45		
140	1	- Ez			18					
	10				10	2	5	21		
	1							25		
	1				33	3	1			
	5				38		3			
1	31			11	4		11	89		
	1	1.			10	1	494			
								11		
1	10		4	10	26		10	36		
-								42		
	3		2		33	10	3			
5	2			2	143		2			
38				410	53 .			93		
2.6	131	12	26	54	552	52	179	634		
1	9.3			3.7	70.5	6.6	22.9			

- 1. Not included in tabula-
- 2. Included in "Relief of Symptoms" as "Poor" and in "Evidence of Healing" as "None."
- Four had no symptoms when Banthine therapy was begun.
- 4. Of which seven were penetrative lesions and five partially obstructive.
- 5. No symptoms were present in four.
- 6. Two with symptoms only; no demonstrable ulcer.
- 7. Threewere psychopathic patients and one had a ventricular ulcer of the lesser curvature.
- 8. Roentgen findings after treatment period of two weeks; forty-seven had duodenal deformity.
- 9. All returned to work within a week.
- 10. In these four, after relief of symptoms, Banthine was discontinued because of urinary retention.

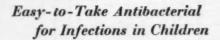


d" of aling ry or

tinu-

ance of the drug before results could be evaluated. Of the remaining 1417 patients, only 3.7 per cent experienced side effects sufficiently annoying to require discontinuance of the drug.

- *Volume containing complete references, with abstracts of 39 additional reports, will be furnished on request by
- G. D. SEARLE & Co., P. O. Box 5110, Chicago 80, Ill.



When hypos frighten and tablets stick in reluctant throats, both child and parent welcome palatable Suspension 'Neopenzine.' In it the three "ideal" sulfonamides are combined with penicillin-G to provide broad-spectrum antibacterial action. The usual twenty-four-hour dose (one teaspoonful four times a day) provides 800,000 units of penicillin-G and 2 Gm. of the "diazine" sulfonamides. If the urinary output is normal, no alkalies are necessary. Prescribe the 60-ce. potency-protector combination package-available at pharmacies everywhere.

> Eli Lilly and Company Indianapolis 6, Indiana, U.S.A.



children like

SUSPENSION

(approximately one teaspoonful) contain:

Penicillin-G, Crystalline-Potassium (Buffered) 200,000 units

penzine

(PENICILLIN WITH SULFONAMIDES, LILLY)

Panorama

Doctors aren't alone in putting off retirement. According to the Metropolitan Life Insurance Company, 56 per cent of all men from 65 to 69 are still at work. So are 40 per cent of those from 70 to 74... No mistaking expectant fathers at Defiance (Ohio) Municipal Hospital. They wear identification badges to distinguish them from rules-breaking visitors... New problem for the Veterans Administration: Will physicians in other states follow the lead of Florida doctors, who recently asked—and got—fee hikes averaging about 10 per cent for veterans' out-patient care?

How open-minded are you? The average person, according to a Psychological Corporation survey, reads over twice as many articles slanted toward his political bias as against it . . . Swindled out of \$8,500 by a Mexican who promised to share a hidden fortune with him, Osteopath Curtis H. Muncie of New York got a consolation prize: His loss, says the U.S. Tax Court, is tax-deductible . . . Birth business: A proxy mother, hired for the job by a medical agency in Australia, will bear a child for a sterile Sidney housewife. She'll be artificially inseminated with the husband's semen and will have no legal right to the baby . . . Pause that refreshes: More than 77 per cent of the hospitals polled in a nationwide survey now give staff doctors and nurses official "coffee breaks."

in:

Gm.

Should medical fees rise with prices? Montana physicians seem to think so. They've voted in favor of the idea of tying Blue Shield and other fee schedules to the cost-of-living index . . . No confidence in doctors: An hour before a scheduled ear operation, 12-year-old William Carroll Bryant, of Hattiesburg, Miss., disappeared from his hospital bed. He was found four hours later, after a wild chase . . . Latest Blue Shield figures spot-

light achievements of three member plans: Wilmington, Del., has enrolled 54 per cent of the local population; Klamath Falls, Ore., 43 per cent; and Washington, D.C., 41 per cent. National Blue Shield enrollment now averages 14 per cent of the people in areas served.

Looking for a way to combat socialism? Dr. Lall G. Montgomery, of Muncie, Ind., suggests that you make your waiting room a "school for Americanism," by stocking it with carefully selected reading matter and cartoons . . . Mental patients outwit doctors: Maryland officials, from the Governor ondown, are worried about the situation at Crownsville State Hospital. Some forty inmates have escaped so far this year . . . After studying records of 250 auto accidents, Drs. Ralph C. Moore and Charles Marsh, of Omaha, Neb., have equipped their cars with airplanestyle safety belts as a precaution against crash injuries.

More trouble for M.D. motorists: Failure to find a parking space is no excuse for double-parking, a New York court has ruled. It awarded token damages to owners of a car blocked by a double-parking physician . . . Patients consider the custom "barbaric"—so the Fresno (Calif.) Community Hospital no longer demands a cash deposit before admission. Anyhow, say spokesmen, the deposit rarely covered the bill and often led to "embarrassing situations" . . . At least fifteen state medical societies now employ public relations experts, according to a survey made for West Virginia physicians. Top medical public relations spenders: California, \$100,000 a year; New York, \$65,000; Illinois, \$40,000.

Lawyers now better able to trip you up in the courtroom—at least in Denver: They've just had a week-long cram course in medicine . . . Another state—Pennsylvania—has joined Indiana, Texas, and others in piping telephoned refresher sessions to doctors who can't attend regular courses . . . Thumbsdowned as unethical by the Hartford County (Conn.) Medical Association: an investment scheme that offered doctors \$100 worth of drug-company stock, with the promise of tenfold profits in one year—if they'd agree to push certain drugs.

12

there's a difference..

chemically unique



clinically unexcelled

Terramycin

for TOLERATION

EFFECTIVENESS

PURITY

POTENCY

ANTIBIOTIC DIVISION, CHAS. PFIZER & CO., INC., BROOKLYN &, N. Y.

Zel world's largest producer of antibiotics

DONT MISS THE WIND WIND

APPEARING REGULARLY IN THE J. A. M. A.

NO INTERFERENCE
WITH AN ACTIVE
USEFUL LIFE...



VERILOID[®]

IN HYPERTENSION

Because Veriloid exerts its hypotensive effect by direct action on the central nervous system without adrenergic or ganglionic blockade, it leaves the normal reflex mechanisms intact for physiologic blood pressure regulation. Hence the patient receiving Veriloid never suffers prostrating orthostatic drop in blood pressure. Even long periods of standing, as might be necessary when riding to and from work, or long periods of standing upright in a telephone booth, hold no risk of syncope due to extreme postural hypotension. 1,2,3

Veriloid lowers blood pressure by peripheral arteriolar dilatation without significant impairment of renal, myocardial, or cerebral blood flow. Hence it holds no threat of ischemia or functional impairment of these vital organs. Consequently, Veriloid therapy does not limit the patient's activity by causing sudden anuria or reduced work tolerance. On the contrary, patients receiving Veriloid report a greater sense of well-being and prompt disappearance of their distressing visual and cerebral symptoms. Because of its desirable behavior, Veriloid is capable of restoring a high percentage of hypertensive patients to economic usefulness without aggravation of the usual concomitants of high blood pressure. 3, 4, 5, 6

The usual daily requirement of Veriloid is 9 to 15 mg. given in divided dosage three times daily, every 6 to 8 hours. The first dose should be taken after breakfast. The evening dose may be 1 or 2 mg. larger than the other two doses of the day.

Veriloid is available in scored 1, 2, and 3 mg. tablets.

 Stutzman, J. W., and Maison, G. L.: Hypotensive Action of Veriloid, an Extract of Veratrum Viride, Federation Proc. 9:318 (Mar.) 1950.

 Taylor, R. D., and Page, I. H.: Further Studies of the Cerebral Chemo-receptor Buffers as Influenced by Vasoconstrictor and Vasodilator Drugs and Veratrum Viride, Circulation 4:184 (Aug.) 1951.
 Wilkins, R. W.: The Hemodynamic Effects of Various Types of Therapy in Hypertension, A Symposium, Minneapolis, Univ. Minnesota Press, 1951, p. 405. Wilkins, R. W.: Veratrum Viride and Essential Hypertension, New England J. Med. 242:535 (Apr. 6) 1950.

 Kauntze, R., and Trounce, J.: Treatment of Arterial Hypertension with Veriloid (Veratrum Viride), Lancet 2:1002 (Dec. 1) 1951.

 Stearns, N. S., and Ellis, L. B.: Acute Effects of Intravenous Administration of a Preparation of Veratrum Viride in Patients with Severe Forms of Hypertensive Disease, New England J. Med. 246:397 (Mar. 13) 1952.

RIKER LABORATORIES, INC., 8480 Beverly Blvd., Los Angeles 48, Calif.



It isn't that she's never asked to go out.

But she's always so tired...

For these common hypochromic anemias,

therapeutic iron is, of course, your first consideration. Then don't you feel that other deficiencies—which are likely to attend secondary and nutritional anemias—should be treated concomitantly?

First and foremost, IBEROL is iron.

Just three tablets t.i.d. supply the standard therapeutic dose of elemental iron. But, in addition, IBEROL furnishes generous amounts of vitamin C, folic acid, B₁₂—and other B complex

vitamins—plus standardized stomach-liver digest . . . all in a compact, sugar-coated tablet that completely masks all iron and liver traces.

In pregnancy, old age, and convalescence, one or two tablets daily provide excellent prophylaxis. Your pharmacy has IBEROL in bottles of 100, 500, and 1000.

THREE IBEROL TABLETS: the average daily therapeutic dose for adults, supply:

Vitamin Byz		30 (mcg
Folic Acid		3.6	m
Stomach-Liver Digest		1.5	Gm
Thiamine Mononitrate (6 times MDR	*).	6	mg
Riboflavin (3 times MDR*)		6	mg
Nicotinamide (2 times RDA†)		. 30	mg
Pyridoxine Hydrochleride			
Pantothenic Acid			
Ascerbic Acid (5 times MDR*)		150	mg

*MDR -- Minimum Daily Requirement

""" Iberol

(Iron, B12, Folic Acid, Stomach-Liver Digest, with Other Vitamins, Abbott)





Wide medical interest in New Knox Gelatine "Eat and Reduce" Plan

Developed and supervised by competent clinical authority, the new Knox "Eat and Reduce" Plan is intended especially for your overweight patients in otherwise normal health.

The plan has been tested on overweight patients with fine results. In addition, many physicians (and their families) have written us about their gratifying personal results with this plan.

The Knox "Eat and Reduce" Plan is a simple, sensible regimen that places no burden of exercise or hunger on the patient. Quite the contrary, it permits three tempting, solid meals daily, plus between-meal feedings. The menus have been carefully selected so as to provide an abundance of vitamins, minerals and protein. Many of the dishes utilize Knox Gelatine, which is, of course, all protein and no sugar—thus being an effective aid in weight reduction.

ott)

Free copies of the "Eat and Reduce" Plan and diets are available for use by your patients on your request! Write Knox Gelatine, Johnstown, N.Y. Dept. ME

AVAILABLE AT OBOCKEY STORES OF 4-DIVISIONS FAMILY

Knox Gelatine U.S.P. ALL PROTEIN-NO SUGAR



for Acne.

for Acne.

for Acne.

therapeutic

efficacy

efficacy

plus cosmetic elegance

plus cosmetic elegance

The self-conscious acne patient, whether male or female, cooperates more readily when Almay preparations are prescribed in a matching complexion shade.

for the comedones

a superior compound for acne therapy.

LOTION: Regular (full) strength for severe cases, thick and oily skins . . . or modified (half) strength for tender skins or to determine tolerance in new cases. Available in blonde or brunette shades-bottles of 4 fl. oz.

OINTMENT: For day-time masking of lesions, and for more rapid penetration . . . washable. Blonde or brunette shades tubes of 11/2 oz.

SOAP: With salicylic acid cake 4 oz.

for the scalp

RESORCITATE (Almay Lotion Salicylic Resorcinol Monoacetate Compound): Plain-for oily hair ... With Oil - for dry hair.

prophylactic cosmetics

ALMAY FOUNDATION LOTION. ALMAY SULFUR FACE POWDER: Sulfur content 5% . . . perfumed. ALMAY GREASELESS CREAM: For very oily skins...perfumed or unscented.

Divinion of Schieffelin & Co. 22 Cooper Square, New York 3, N.Y.

RESULIN

selected for emergencies *

A recent nationwide survey1 of the drugs carried in the doctor's bag reveals the vital significance of Coramine.

As pointed out by Krantz:

ient,

ck

ins

new

l. oz.

nore

ole.

"Coramine has proved its value over the years and certainly may be considered the drug of selection for acute central nervous system depression.

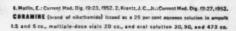
It has largely replaced the less dependable caffeine sodium benzoate.... It should be mentioned that Coramine is gradually replacing picrotoxin in barbiturate intoxication, which lends further usefulness to this agent."2

* Respiratory and circulatory emergencies, barbiturate poisoning, acute alcoholism, asphyxia neonatorum

Coramine

dependable respiratory and circulatory stimulant





Penicillin

"... without challenge, the most potent and least toxic agent available for use against the majority of gram-positive pathogens."²

Bristol Laboratories, pioneer in penicillin research and the world's largest producer, presents a wide variety of penicillin dosage forms for parenteral, oral, or topical use.



you...and your
hypertensive patient...
have a right to expect



nd

amides

roches

REPETITION of RESPONSE

to minimal nitrite dosage

In long-term therapy, when the patient fails to get consistent hypotensive effect from nitrites, consider the possibility of developed *tolerance*.

Unless therapy is based continuously on minimal effective dosage . . . adjusted to patient tolerance . . . consistent repetition of response to nitrites is unlikely.¹

With the Rutol. "interruption regimen," you can usually maintain hypotensive response indefinitely. Rutol. provides an established minimum effective nitrite dose (16 mg. of mannitol hexanitrate) together with rutin (10 mg.), to guard against vascular accidents, and phenobarbital (8 mg.), for cerebral sedation.

1. Goodman and Gilman: The Pharmacological Basis of Therapeutics; New York, The Macmillan Co., 1941.

RUTOL

PITMAN-MOORE COMPANY

Division of Allied Laboratories, Inc. Indianapolis 6, Indiana

a new chapter in penicillin history

INJECTION BICILLIN 600 a truly long-acting penicillin

... for blood levels that extend 2 weeks or more—several times longer than those produced with any other penicillin preparation

... for use when prolonged penicillin protection is desired:

- ▶ To prevent recurrent attacks of rheumatic fever
- ▶ For prophylaxis after tonsillectomy or tooth extraction in cases of rheumatic fever, rheumatic heart disease or congenital heart disease
- ▶ To prevent complications from secondary bacterial infections in virus diseases

Valuable in pneumococcal, H. streptococcal and gonococcal infections. Supplied: Injection Bicillin 600—600,000 units in 1 cc. Tubex® with sterile needle

INJECTION BICILLIN* 600

Benzethacil

N,N'-dibenzylethylenediamine dipenicillin G



Speaking Frankly

Take in Osteopaths?

longer

ion in

genital

ection

ections

e needl

Sins: So osteopathy will "be absorbed into the mainstream of American medicine" (August MEDICAL ECONOMICS). Not very likely! The high command of the A.M.A., concerned with political alliances, may want such a consolidation. But that is not the opinion of the rank-and-file M.D.

True, a few of the better osteopathic schools include all the tenets of medicine in their curricula. But because of their tiny hospitals, osteopathic students are badly shortchanged on clinical teaching, even if we assume that they get the same quantity and quality of orthodox medical teaching from the lecture platform.

The real nub of the matter is this: The osteopaths will not abandon the quaint thesis that all disease is, in some fashion, related to the impairment of "nerve flow" into the organs; or the gospel that all disease is helped by spinal manipulation. If they abandoned these dogmas, they would cease to be osteopaths. Does anybody have one iota of evidence that any responsible osteopathic leader is willing to abandon these tenets?

The danger of your prediction is

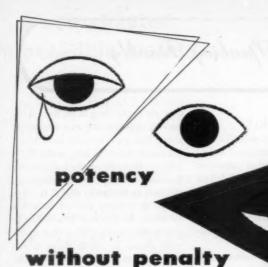
this: By pretending to be but an innocent reporter of an inevitable
event, you may actually help bring
the event about. So long as the M.D.
believes that osteopathy is quackery,
he denies the cult any respectability.
As soon as he thinks that it is "destined" to become part of orthodox
medicine, he becomes less hostile to
osteopaths—more willing to consult
with them, to admit them to his
meetings, to teach in their schools,
and eventually to embrace them in
brotherhood.

M.D., District of Columbia

Sins: Your August editorial reports that the A.M.A. is considering an eventual amalgamation of medicine and osteopathy. Many of the arguments for such an amalgamation are based on false premises and are therefore false throughout. For instance:

Students of osteopathy and medicine may study out of the same type of textbooks and use the same type of curriculum, but they are not getting identical educations. Osteopathic teachers can never teach medicine, since only those thoroughly trained in an art can impart that art to others.

Before osteopaths can be included in the medical profession, they must



An antihistamine for any patient - 6 months to 60 years

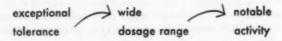
Neohetramine is an antihistamine of proved tolerance that enables the physician to prescribe dosages for all ages with the widest latitude of professional discretion. Virtual freedom from sedation permits administration by day as well as night.

Neohetramine, extremely effective in a multiplicity of allergic phenomena in all age groups, has been accepted for admission to New and Non-Official Remedies of the Council on Pharmacy and Chemistry of the American Medical Association.

Neohetramine hydrochloride — Brand of Thonzylamine Hydrochloride — N,N-dimethyl-N'-p-methoxybenzyl-N'-(2-pyrimidyl) ethylenediamine monohydrochloride.

Tablets – 25, 50, and 100 mg. in bortles of 100 and 1000. Syrup – 6.25 mg. per cc. in bortles of 1 pint. Cream 2% – in water-miscible base in collapsible tubes of 1 oz.





Nepera Chemical Co., Inc.



Pharmaceutical Manufacturers · Yonkers 2, N. Y.

clean out the cult theory and establish schools that meet the minimum requirements of the A.M.A. Furthermore, those osteopaths who graduated prior to the educational changeover should never be accepted in medicine.

Admittedly, osteopaths are now drawn from the ranks of better-educated individuals. They are keen, alert, and competent men. But the stigma of cultism must be removed and renounced completely. There can be no compromise with wrong!

Charles L. Farrell, M.D.

Pawtucket, R.I.

V. A. Handouts

Sms: In your July issue, a doctor is quoted as saying that at the new Veterans Administration hospital in Erie, Pa., "they'll make X-rays and lab tests till hell freezes over." This statement appears highly inaccurate to me.

No examinations are made in any V.A. hospitals except (a) those which the attending physicians find necessary and (b) certain standard examinations required for the maintenance of adequate records, not only in connection with the particular illness for which the veteran is hospitalized, but also for any claims he may have pending or may file later.

Staffs in V.A. hospitals are too small to carry out any such elaborate procedure as is implied in the quoted statement.

While the references in the article to "red tape" are quite general, I assume they refer to the records we must keep on the physical well-being of veterans. We do find it necessary to keep more comprehensive records than do civilian hospitals, since ours deal not only with the immediate cause of hospitalization but also with the payment of claims which may be filed.

A. W. Woolford, Director Information Service Veterans Administration Washington, D.C.

Sirs: Some veterans may justifiably use V.A. facilities for nonservice-connected disabilities, even though they are covered by voluntary health insurance. Take my case, for example.

My wife has been an invalid for the past five years; she is now bedfast and must be attended by a nurse when I'm not at home. She may require hospitalization at any time. Her medical expenses are about \$250 a month, and I am just barely able to keep from going under financially.

Suppose I needed hospitalization, used up all our Blue Shield benefits, and then found my wife had to go to the hospital. I would be helpless. I am deeply in debt and could not borrow a cent more. Only the county hospital would be available, and we are not legally eligible for admission there.

Under the circumstances, I would not hesitate to go to a V.A. hospital and certify that I could not afford civilian hospitalization. I do not be-

. Y.

St Your Patient Can't Tokrate NICOTINE Tax John Alden Grantsus

Nicotino Actually Brod Out Of The Loaf

John Alden cigarettes are made from a completely new, low-nicotine variety of tobacco. A comprehensive series of amoke tests*, completed in 1951 by Stillwell and Gladding, one of the country's leading independent laboratories, disclose the smoke of John Alden cigarettes contains:

At Least 75% Less Nicotine Than 2 Loading Denicolinized Brands Tested At Least 85% Less Nicotine than 4 Leading Popular Brands Tested At Least 85% Less Nicotine Than 2 Leading Filter-Tip Brands Tested

Importance To Doctors And Patients

John Alden eigarettes offer a far more satisfactory solution to the problem of minimizing a cigarette smoker's nicotine intake than has ever been available before, short of a complete cossation of smoking. They provide the doctor with a means for reducing to a marked degree the amount of nicotine absorbed by the patient without imposing on the patient the strain of breaking a pleasurable habit.

ABOUT THE NEW TOBACCO

IN JOHN ALDEN CIGARETTES
John Alden cigarettes are made
from a completely new variety of
tobacco. This variety was developed
after 15 years of research by the
Kentucky Agricultural Experiment
Station. Because of its extremely
low nicotine content, it has been
given a separate classification, 31-V,
by the U. S. Dept. of Agriculture.



22 W. 43rd S	Tobacco Comp	nny N.Y. Depi	E-10
	nples of John Ald		
Name			M. D.
Address			
Pille.	Zena	State	

lieve such a certificate would be even technically false.

NAME WITHHELD ON REQUEST

G.P.'s Progress

Sins: The American Academy of General Practice may be doing a fine job on the whole, as reported in one of your recent issues; but some of its efforts have seemed decidedly commercial and at cross purposes with those of the A.M.A. and other medical societies.

About two years ago, for example, academy officials tried to sabotage the A.M.A. interim session, which is set up primarily for G.P.'s They secretly called on exhibitors, urging them to use their influence to get the session dropped. But A.M.A. people heard about the plot, and it backfired when the House of Delegates voted unanimously to continue the session.

A year or so ago, the academy attempted another coup. Its representatives lobbied with A.M.A. delegates to make the academy a sponsor of the new joint accreditation program for hospitals. What happened? They were slapped down!

M.D., Illinois

P

p

ta

CC

hi

A

al

qu

ni

in

pl

tic

Sins: As mentioned in your August article, the growth of the A.A.G.P. has been slow. I feel that this is one of the best points in the academy's favor. It could easily have put on the pressure and built for numbers. But the emphasis was—and still is—on quality rather than on quantity. The academy requirement of 150 hours of post-graduate work every

IF MINUTES WERE MONEY...

you, doctor, would already own the Continental

PIONEER!

When time is at a premium...operating simplicity is imperative...the Continental PIONEER is the ultimate in x-ray simplicity. You can now have all the advantages of x-ray diagnosis at your finger tips with operational simplicity never before possible! The Continental PIONEER combines 100 milliampere Full Wave Rectification with the sharp detail and high capacity found only in Rotating Anode X-Ray Tubes. This combination allows you to make high-speed, high quality radiographs with a two step technique so simple that no specialized training or experience is necessary.

The Continental PIONEER is a complete tilt table general diagnostic unit for radiography and fluoroscopy in all positions including the Trendelenberg. The Continental PIONEER is a Full Wave Rectified 100 milliampere x-ray unit that makes all un-rectified 100 milliampere units obsolete.

The radiographic speeds of the Continental PIONEER are equal to the speeds of most 200 milliampere units. Chests are taken in 1/20 second, and other techniques are proportionately as fast.

some outstanding features:

100 KVP at 100 MA with complete safety Impossible to overload • All radiographic exposures at 100 MA • Fluoroscopic integrating timer... radiographic electronic timer... electric shutters • And most important, a price of only \$4045.00—thousands of dollars below the cost of units of equal performance.

MORE SPEED . MORE DETAIL . MORE SAFETY . MORE SIMPLICITY . MORE VALUE

Write for further detailed information and the name of your nearest dealer.



l be

UEST

of fine one of ledly coses other

nple, otage ich is They ging it the peopack-

gates

the

v at-

esen-

dele-

pon-

ation

hap-

own!

inois

igust

G.P.

one

mv's

t on

bers.

is—

150

very

CONTINENTAL X-RAY CORPORATION

1524 Clybourn Avenue, Chicago 10, Illinois



who just can't resist rich foods that cause them severe stomach upset will find grateful relief with BiSoDol—the fastacting, dependable antacid. BiSoDol acts immediately to neutralize excess gastric juices that cause hyper acidity. And it is so pleasant tasting, well tolerated with no side effects. Why not recommend BiSoDol to your patients suffering from acid indigestion.

BiSoDoL®
tablets or powder
whitehall Pharmacal company
22 East 40th Street, New York 16, N. Y.

three years is worthy of all praise. M.D., Massachusetts

SIRS: I have often wondered whether the G.P. would not have accomplished as much without his organization and without a big new headquarters building. Down through the years, the G.P. has been a great force in American medicine and, in my opinion, he will always continue to be so.

M.D., Connecticut

Surgical Switch

Sirs: Many authorities hold that surgical technique is easy to learn, but that surgical diagnosis is among the most difficult of the medical arts. If I am not mistaken, most American surgery is done on the judgment of the general practitioner; that is, he decides when his patient should be referred for surgery, and in most instances the surgeon concurs and performs the necessary operation. Yet the G.P. himself is not considered capable of doing the operative surgery.

It seems to me that this is backward. If the general practitioner is not capable of performing the surgery (presumably the easy part of the art), then he certainly isn't capable of surgical diagnosis (the difficult part). I should like, therefore, to make a suggestion:

ta

T

cu

fu

SCI

uc

Let's adopt regulations to prevent the G.P. from giving judgment on surgery. Let's insist, instead, that a qualified surgeon approve all surgical procedures; and then let's insult the G.P. by relegating him to

You can always depend on
DU PONT "PATTERSON" SCREENS
for uniform roentgenograms

"Patterson" Par-Speed Intensifying Screens embody an optimum balance between speed and detail. They produce excellent results with a degree of clarity and uniformity that assures highest interpretive value.

"Patterson" Hi-Speed (Series 2) Intensifying Screens offer increased speed without appreciable loss of detail. They produce roentgenograms of the same high diagnostic quality obtained with Par-Speed Screens. The greater speed minimizes the effect of involuntary action or bodily function and proves ideal when circumstances require that portable or low-powered equipment be used. Both Par-Speed and Hi-Speed Screens are available with cushion-back units when required.

"Patterson" Screens are known throughout the world for their dependable uniformity, durability and cleanability. Roentgenologists everywhere have full confidence in them. That is why more of these screens are in use today than any other intensifying screens made. Be sure you order them by name. E. I. du Pont de Nemours & Co. (Inc.), Photo Products Department, Wilmington 98, Delaware.

Du Pont Radiographic Products

X-RAY FILM . CHEMICALS



BETTER THINGS FOR BETTER LIVING ...THROUGH CHEMISTRY

aise. setts

red have his big own

icine ways ticut

that earn, nong arts.

nt of s, he d be most

and ition. nsidative

oackner is surart of

capdiffiefore,

event nt on that l sur-

's inim to

WHEN DRUG THERAPY

Increases Nutrient Requirements



Many medications can sharply increase the patient's requirements for various essential nutrients. Certain drugs may impair absorption of nutrients, increase their destruction within the digestive tract, interfere with their metabolism, or hasten their elimination. With prolonged administration, therefore, unless the nutrient intake is increased, deficiency states may be precipitated.

The dietary supplement Ovaltine in milk can significantly increase the nutrient intake when therapy makes this adjustment necessary. As shown by the table below, it provides substantial amounts of all nutrients known to be essential, including excellent quality protein.

Because of its delicious flavor, Ovaltine in milk is universally enjoyed by patients. It is easily digested, bland, and its nutrients are quickly available for utilization. The two varieties of Ovaltine, plain and chocolate flavored, virtually alike in nutrient content, allow choice according to flavor preference.

an so Si in m

W

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Three Servings of Ovaltine in Milk Recommended for Baily Use Provide the Following Amounts of Nutrients

(E	sen zeranik made ot 35 of	. Of Cvartine and o n. oz. or w	note mits)
MINE	RALS	VITA	AMINS
**CALCIUM 1.12 Gm. CHLORINE 900 mg. COBALT 0.006 mg. **COPPER 0.7 mg. FLUORINE 3.0 mg. **TODINE 0.7 mg. **IRON. 12 mg.	MAGNESIUM. 120 mg. MANGANESE. 0.4 mg. PHOSPHORUS 940 mg. POTASSIUM. 1300 mg. SODIUM. 560 mg ZING. 2.6 mg-	*ASCORBIC ACID. 37 mg. BIOTIN. 0.03 mg. CHOLINE. 200 mg. FOLIC ACID. 0.05 mg. *NIACIN 6.7 mg. PANTOTHENIC ACID 3.0 mg.	*RIBOFLAVIN 2.0 mg. *THIAMINE 1.2 mg. *VITAMIN A 3200 I.U. VITAMIN B1: 0.005 mg.
		My complete) 32 Gm. 65 Gm.	

*Nutrients for which daily dietary allowances are recommended by the National Research Council.

the post of surgical technician. In other words, let's force him to do the actual operating while not allowing him to exercise his judgment.

It would, of course, be most improper to make any changes in the fee schedule, so the operation should still be worth \$150 and the judgment \$25 or less. As the surgeons have been reminding us general practitioners, this is nobody's fault—things just happen to be that way.

One specific objection is apparent: Occasionally some judgment is required during the operation. Among some sixteen hundred majors, I have seen several in which surgical judgment was required while the patient was under the knife. And the only way to get surgical judgment is to buy it. Therefore, I suggest that we hire the expert surgeon—for a fee of, say, \$25—to stand by during the technician's work and advise him on any bits of complicated pathology.

wn

ub-

nts

ex-

vor, en-

di-

are

The

like

oice

rients

0.6 mg.

2.0 mg. 1.2 mg. 100 1.U.

120 I.U.

This is in all ways a logical approach to the problem and should be adopted as a resolution by all major surgical organizations as quickly as special meetings can be called.

M.D., Tennessee

Who Gets M.E.?

Sirs: It has been my impression that membership in the A.M.A. automatically entitles one to a subscription to MEDICAL ECONOMICS. Since I use the magazine in teaching public health and medical administration, I should like to know whether this courtesy is ever ex-



Yes, here's safe protection against danger of high chair falls. This low-balanced Safety Chair has a wide surrounding table area that makes it doubly useful for feeding and play. ExTenda Legs raise with simple push-button to table level. Seat adjusts to Baby's size. Adjustable back and footrest give helpful posture.



Many pediatricians have Babee-Tendas in their offices, for convenient handling of restless young patients! It's used in many children's wards of hospitals, in children's homes and by millions of busy mothers. Not sold in stores or supply houses, only by authorized Babee-Tenda agencies. See your phone book or mail coupon for full details.

	e., Clevel	Dept. M and 15, Ohio ed literature on oral Palsy Mode
Address		- 1
City & Zone		State



THIS DOOR SPEAKS LOUDER THAN WORDS

It speaks quality. Just shut it. Hear that nice, solid "thunk?" It tells you more than any "spec" sheet about the service this sterilizer will give.

Castle uses heavier gauge steel in its cabinets. Floor base is aluminum, so that it won't leave a stain or rust mark—exclusively Castle. In fact, Castle has all the thoughtful extras that insure top convenience for you for years to come. The best way for you to check this is to ask your sterilizer repairman. Say, "Which make of sterilizer gives you the least trouble?" Ten to one he'll say, "Castle." We know because we keep track of such things.

For complete information on sterilizers ask your Castle salesman or write Wilmot Castle Co., 1143 University Ave., Rochester 7, N. Y.

Castle LIGHTS and STERILIZERS

tended to associate members of the A.M.A.

Edward S. Rogers, M.D. University of California Berkeley, Calif.

There is no connection between the A.M.A. and Medical Economics, Inc. Any active, independent physician below retirement age is entitled to receive the magazine without charge by filling out, signing, and submitting a special subscription form. Most of MEDICAL ECONOMICS' 131,000 readers are members of the A.M.A.—but this is simply coincidence.

On Salaried Doctors

SIRS: The local Social Security agency has advised us that payments for Federal Old-Age and Survivors Insurance must be deducted from the pay of physicians employed by our clinic.

We are unaware that Social Security coverage is mandatory for physicians. In other areas in which I have practiced in clinics, such coverage has not been obligatory.

Are the Social Security people right in demanding that we make these deductions?

C. Stuart Exon, M.D. Jefferson City, Mo.

Physicians who are paid a salary or a regular fixed compensation for services on an hourly, daily, weekly, or other basis are included under Social Security. It makes no difference whether the physician works part-time or full-time. However, if of the s, M.D. fornia Calif.

tween
omics,
t phyis enwithgning,
oscripECOmemhis is

urity ments vivors from ed by

y for which such ory.

make M.D.

salary on for eekly, under liffer-

vorks er, if In a matter of minutes...





GRATIFYING RELIEF

From Urogenital Pain, Burning, and Frequency

Two tablets of Pyridium promptly and safely relieve the distressing urinary symptoms of patients suffering from cystitis, prostatitis, ure-thritis, and pyelonephritis.

Since Pyridium is compatible with dihydrostreptomycin, penicillin, and the sulfonamides, or other specific therapy, it may be administered concomitantly to provide the twofold therapeutic approach of symptomatic relief and corrective action.

PYRIDIUM°

(Phenylazo-diamino-pyridine HCl)

Pyradium is the registered trade-mark of Nepera Chemical Co., Inc. for its brand of phenylazo-diamino-pyridine HCl. Merck & Co., Inc. sole distributor in the United States. MERCK & CO., INC.

Manufacturing Chemiats

RAHWAY, NEW JERSEY In Canada: MERCK & CO. Limited - Montreal

.....

the physician is clearly self-employed and performs his services on a consultant basis, he is apparently exempt from Social Security, according to a recent Federal court ruling.

In a group, physicians working as partners or legal associates are considered self-employed. If the group is incorporated, however, all physicians are regarded as employes of the corporation and are therefore subject to Social Security taxes.

A Rare Average

Sirs: Seymour Harris' "Medical Education, Self-Supporting?" brings up two points that I feel need clarification.

First, the author apparently be-

lieves that doctors should pay back the cost of their education in installments after graduation. Why then should not all university graduates pay back the total cost of their education, thereby eliminating the need for endowments in other departments as well as in medicine?

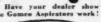
In addition, Harris holds that "the current crop of medical students can probably look forward to average lifetime incomes of at least \$600,000." According to MEDICAL ECONOMICS, the average net income of physicians in 1949 was less than \$12,000. Does the author assume, then, that the average doctor practices for fifty years? In my community, at least, that is a rarity.

> Jacques Van B. Voris, M.D. Darien, Conn.



When and Where You Need It

This compact Gomeo No. 789 Portable Aspirator weighs only 18 pounds and is adjustable from 0" to 20" of suction. Ideal for police eases, postoperative work, urologi-cal and bronchoscopical suction. Have your dealer show you how quietly and efficiently these Gomeo Aspirators work!





Write Today for New General Catalog H-51

ack allhen ates dueed artthe ents vereast CAL ome han me, racom-I.D. nn.

Sharp & Dohme

ALTEPOSE® Tablets are effective adjuvant therapy in dietary management of obesity. Combining sympathomimetic Propadrine® with thyroid and Delvinal® vinbarbital, Alterose tablets effectively depress excessive appetite, increase metabolic processes, control nervous tension, irritability. Bottles of 100 and 1,000 tablets. Sharp & Dohme, Philadelphia 1, Pa.



Unworried Hand...thanks to you!

Even the mother of a healthy baby is inclined to be very concerned about his feeding. Your invaluable guidance on all phases of infant diet reassures her . . leads to good eating habits for the young child, when she follows your instructions. Here are some of the ways that Gerber's Baby Foods help you to help her!

- Wide choice of baby foods for prescription selectivity—starting cereals, strained and junior fruits, vegetables, soups, meats, desserts.
- Specially selected varieties of fruits and vegetables are used to insure year-round consistency of color, flavor, texture, and nutritive content.
- Produce is grown in tested soils . . . under

constant supervision . . . with sprays and fertilizers specially suited to baby foods.

- Quick steam-processing conserves natural food values, natural color and flavor, to the greatest extent possible by modern methods.
- Field-to-family checking: Sampling and checking every step of the way for nutritional content, cleanliness, uniformity.
 Even grocers' shelves are checked regularly to make doubly sure every container of Gerber's is fresh stock.
- Gerber's believe that babies are the most important people! So*they maintain the scrupulous standards you expect from so popular a brand.

Babies are our business !



Gerber's



4 CEREALS + 40 STRAINED & JUNIOR FOODS + 10 MEATS

FOR SATURATION DOSAGE

with Economy

each capsule of

Allbee with C

A. H. ROBINS COMPANY, INC. . RICHMOND 20, VIRGINIA

EATS

and ods. natvor, iern

and utrinity. eguiner

nost the 1 50 Comprehensive Therapy of the

Anemias with the

NEW

Whites

MOL-IRON EMF

(ERWITHROCYTE MATURING FACTORS)

The only "broad spectrum" hematinic containing molybdenized ferrous sulfate.

If the patient's anemia is amenable to oral rapy it will respond to Mol-Iron E.M.F.

Supplying effective amounts of all the known essential hematopoietic factors, Mol-Iron E.M.F. is a potent therapeutic agent for iron deficiency anemia and many megaloblastic anemias.



EACH MOL-IRON E.M.F. CAPSULE CONTAINS:

CAPSOLE CONTAINS.	
MOL-IRON	j.
VITAMIN B ₁₂ CONCENTRATE10 mcg	3.
GASTRIC SUBSTANCE250 mg	g.
DESICCATED LIVER100 mg	9.
FOLIC ACID 0.85 mg	3.
ASCORBIC ACID50 mg	j.
RECOMMENDED THERAPEUTIC DOSE: 2 CAPSULES T. I. D.	

BOTTLES OF 100 AND 1000

To date 12 reports on Mol-Iron have appeared in medical literature; all concur in the conclusion that Mol-Iron is more effective and better tolerated than unmodified ferrous sulfate and other iron salts. White Laboratories, Inc., Pharmaceutical Manufacturers, Kenilworth, N. J.



Must the patient choose between obesity and hunger?

Modern methods of obesity therapy do not force a choice between obesity and hunger. "People who become grossly obese... are just as truly food addicts as others are morphine addicts or alcohol addicts."

AM PLUS is designed to protect the obese patient against his own food addiction.

The dextro-Amphetamine Sulfate in AM PLUS reduces the appetite to the level of the restricted diet and counteracts depression caused by the withdrawal of an overabundance of food.

The 8 Vitamins and 11 Minerals and Trace Elements in AMPLUS control the abnormal craving or inner hunger caused by the lack of one or more specific nutrients.

anch asseula contains

owen capa	mid courseling
dextro-AMPHETAMINE SULFATE	5 mg.
CALCIUM	242 mg.
COBALT	0.1 mg.
COPPER	1 mg.
IODINE	0.15 mg.
IRON	3.33 mg.
MANGANESE	0.33 mg.
MOLYBDENUM	0.2 mg.
MAGNESIUM	2 mg.
PHOSPHORUS	187 mg.
POTASSIUM	1.7 mg.
ZINC	0.4 mg.
VITAMIN A .	5,000 U.S.P. Umits
VITAMIN D	400 U.S. P. Units
THIAMINE HYDROCHLORIDE	2 mg.
RIBOFLAVIN	2 mg.
PYRIDOXINE HYDROCHLORIDE	0.5 mg.
NIACINAMIDE	20 mg.
ASCORBIC ACID	37.5 mg.
CALCIUM PANTOTHENATE	3 mg.

1 Strang, J. M.: Comments on Some Problems of Obesity, Currents in Nutrition, (New York: National Vitamin Foundation, Inc.) June, 1950, Nutrition Symposium Series No. 2, p. 127



For sound obesity management,

AM PLUS

J. B. ROERIG AND COMPANY

536 LAKE SHORE DRIVE, CHICAGO 11, ILL.



than many think

Histological examination of bone structure in 1300 infant post mortems revealed that sourcy occurred more than 10 times as frequently as is usually shown by clinical diagnosis. The most susceptible age is from the fifth through the eleventh month, with approximately 17% of infants exhibiting the histological signs. Over half of the children with scurvy had never received supplemental vitamin C. How easy to prevent, when Florida citrus is so rich in vitamin C content — so convenient, so economical, and so pleasant to take!

*Bull. Johns Hopkins Hosp. 87:569, 1950.

FLORIDA CITRUS COMMISSION - LAKELAND, FLORIDA,

FLORIDA itrus

as "I

ite by

JS

nda-127

2

New Tycos[®] Aneroid has DESKSIDE MANNER



There's no law that says sphygs can't be beautiful, as well as accurate and dependable. That's what we had in mind when we designed this new Troos Desk Ancroid. The case is solid walnut, hand rubbed to a velvet finish, with satin brass finished trim. The $3\frac{3}{8}$ " ivory-tinted dial is easy to read, and the easel adjusts to any desired angle. The long pointer magnifies slight variations in the pulse wave, gives you maximum sensitivity.

The movement of course, is the dependable, accurate Tycos movement. You can be sure it is accurate as long as the pointer returns within zero—an easy visual check. Our 10-year warranty states that it will remain accurate unless misused and, if thrown out of adjustment during the 10-year warranty period, we'll readjust the manometer only free, exclusive of replaced broken parts.

Exclusive hook cuff fits any size adult arm, goes on and off quickly and easily. Stainless steel ribs prevent ballooning.

See the new Tycos desk model aneroid sphyg at your surgical supply dealer. Price is only \$49.50. Taylor Instrument Companies, Rochester, N. Y., and Toronto, Canada.

TAYLOR INSTRUMENTS MEAN ACCURACY FIRST

attain
the goal
in
acute
urinary
tract
infectionsquickly...



The immediate goal in pyuria, regardless of etiology, is to render the urine sterile. Sulamyd, (sulfacetamide—Schering) is a highly soluble sulfonamide, rapidly cleared from the blood stream and highly bacteriostatic for most common urinary tract pathogens.

Sulamyd quickly controls infections with negligible risk of renal complications because of its ready solubility in urine.

SULAMYD

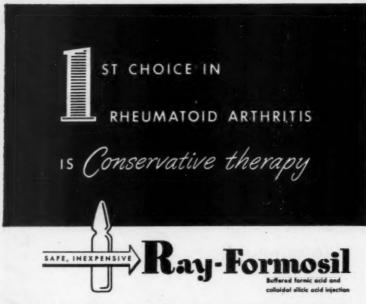


d

T



IN CANADA: SCHERING CORPORATION, LTD., MONTREAL SULAMYD



For more than 16 years clinicians have successfully employed Ray-Formosil to control the distressing and disabling symptoms of rheumatoid arthritis.

While Ray-Formosil seldom produces the immediate dramatic effects of hormonal preparations, it is consistently effective when used adequately, and it obviates the two serious disadvantages of "wonder drug" therapy, namely, severe toxicity and high cost. As first-choice conservative therapy, Ray-Formosil provides the opportunity to effect symptomatic relief without danger of precipitating the undesirable physiologic responses characteristic of hormonal medication.

An analysis of nearly 4,000 recent case histories from the files of 36 clinicians revealed that 85%

of rheumatoid arthritics experienced relief of pain, swelling and joint inflammation following a course of Ray-Formosil injections. None experienced any untoward side effects attributable to therapy regardless of the degree of clinical response.

Only 36t a treatment ampul, Ray-Formosil therapy is inexpensive—an additional and important advantage to both the physician and the patient.

Dosage: 2 cc. injected intramuscularly in the region of the affected parts at 2- to 5-day intervals for several weeks, then 2 cc. once weekly.

Supplied in 2-cc. ampuls in boxes of 25 (\$9.00), 50 (\$16.50), and 100 (\$30.00).

Available through your usual source of pharmaceuticals or direct from the manufacturer.



PHARMACAL COMPANY

Pharmaceutical Manufacturers
Jasper and Willard Streets, Philadelphia 34, Pa.

SERVING THE MEDICAL PROFESSION FOR NEARLY A THIRD OF A CENTURY

Sidelights

Not Dead but Dying

The question may sound premature, but it really isn't: What made compulsory health insurance lose its political zip?

As late as the 1950 national elections, remember, it was the livest of issues. This year it's considerably more than half-dead. Witness the current Democratic platform, which fails to mention the scheme, even though the Democratic National Committee enthusiastically endorsed it just two years ago.

What caused the change? Was it 'pressure from the medical lobby'? That's what the labor press would now have people believe. Yet common sense suggests that this couldn't really be true. The present antipathy to compulsory health insurance is far too widespread to be explained by any leverage brought to bear by a few thousand physicians.

sin.

irse

any re-

her-

ant

ent.

the vals

00),

har-

We'd say that our profession merely served as a catalyst. When people studied our objections to compulsory health insurance, the majority agreed with them. Today, therefore, the pressure rises not from one profession or one party, but from almost every segment of society, including some in organized labor. Which suggests, incidentally, that the issue won't easily be revived. It may take some major upheaval—perhaps even a full-scale depression—to bring compulsory health insurance back to life.

When Doctors Disagree

Not long ago, two medical men we know got into a minor dispute. It centered around a part-time technician whose services they both shared. One doctor thought he was getting too little of the technician's time, and he held the other doctor responsible.

Such disagreements have a way of mushrooming. Before long, the technician had been fired and the doctors weren't speaking to each other. It made us wonder: Isn't there some way our profession can settle its dayto-day arguments without fuss or formality?

One man who's been wondering about the same thing is Dr. Paul Williamson of Memphis. After being caught in the middle of a few such disputes, Dr. Williamson began checking into the problem with colleagues. Nearly half of them, he found, had been embroiled in similar small disagreements, none of which were worth taking to court or

Q-TIPS

the <u>original</u> prepared swabs



for professional use

The 3-inch and 6-inch single-tipped hospital swabs are made especially for professional use. They conform to Federal Specifications GG-A-616.

for home use

Sterilized 3-inch, double-tipped Q-Tips® swabs are made for home use—for baby care and for applying prescribed preparations.

Q-TIPS INC., LONG ISLAND CITY, N. Y.

to the medical society. Yet few had been satisfactorily settled.

This gave Williamson an idea: What about informal mediation by some senior colleague? If done by invitation, wouldn't this help clear the air?

He discussed the idea with a few of his friends and, before long, found himself invited to try his hand at such settlements. One case resulted in a fair dissolution of a partnership that hadn't clicked. Another case produced agreement in a long-standing financial dispute.

In these cases, and in others like them, Williamson found that the disputants were never as far apart as they thought they were. Once one of them suggested arbitration, the other went along with the idea; and agreement then came quickly and quietly.

Clearly, this sort of mediation won't always work. Some doctors will prefer to keep their disagreements to themselves; others won't be able to agree on a mediator.

But in a surprising number of instances, the intercession of some respected third party has cleared up the difficulty almost overnight. That's why we think the mediation idea merits a widespread trial.

The Architect Question

Doctors often ask us to recommend some medical architect. By and large—though it may come as a surprise—there isn't any such animal.

There are, of course, hospital architects. The amount and the size



"...completely amenable to cure"

"Vitamin deficiency diseases . . . with the exception of a few extreme instances are completely amenable to cure."*

When a vitamin deficiency state exists—as may be the case in old age, with restricted diets, during convalescence, certain chronic illnesses, pregnancy—intensive vitamin therapy may be effectively instituted with

PLURAXIN°

SPECIAL THERAPEUTIC FORMULA

High Potency Multiple Vitamin Capsules:

Vitamin A								2	5,000 units
Vitamin D	(from	ergo	ste	rol)					1,000 units
Vitamin B	(thiami	ne) h	yd	roc	hla	rid			15 mg.
Vitamin B2	(ribofle	(nive							10 mg.
Vitamin B	(pyride	xine) h	ydi	od	hlor	ride		2 mg.
Vitamin B ₁	2 (cyan	ocob	ale	ime	n)				5 mcgm.
Folic acid							0		1 mg.
Calcium po									10 mg.
Nicotinami	de								150 mg.
Vitamin C	(ascorbi	ic ac	id)						150 mg.

One or two capsules of PLURAXIN daily usually suffice

bottles of 30 and 100 capsules.

*Wilbur, D. L.: Principles in the

Available in

*Wilbur, D. L.: Principles in the Use of Vitamins in Treatment: I.Vitamin Deficiency Diseases. Gastraenterology, 1:179, Feb., 1943.

Winthrop Stearns INC.

PLURAXIN, tradomerk reg. U. S. & Canada

d

ur w d

d

e

sis ie ie

d

n

S

e

n



The 1953 DAILY LOG for Physicians is off the press and ready for immediate delivery. This complete, one-volume financial record book assists in more efficient practice management-helps you avoid tax troublessaves you time and money. Names of patients, services performed, amounts charged and cash received are all listed on dated Daily Pages. All expenses itemized for easy tax reference. All record forms designed specifically to the needs of your profession. No overlapping and multiple entries-no separate records in extra books. Price: \$7.25 for a complete calendar year. Satisfaction guaranteed.



of new building in this field make it a recognized specialty. But we don't know of any architects who devote full time to the designing of medical offices. The demand for such services doesn't seem to permit it.

How, then, do you find someone qualified to work up your own office plans?

One of the best ways is simply to seek out an office you like, then find out who designed it. If the architect turns out to have done several medical buildings, so much the better. But don't look too far outside your own territory, since good designing can't be done by remote control. And don't expect to come up with a full specialist in medical architecture, since in all probability he doesn't exist.

Personally Yours

Does an occasional patient persist in ignoring your routine monthly statements?

"Then have your secretary send him a bill in a pastel-colored envelope marked Personal, without your name on the outside. Works wonders with delinquent accounts."

This quoted tip, we hasten to point out, is not original with us. It comes from a doctor's secretary in Louisiana.

Maybe it's all right. But we can't help feeling a trifle uneasy about possible extensions of the device.

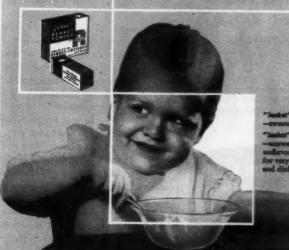
If collections improve as a result of the gambit, won't the secretary be encouraged to make your statements still more personal—say, by sprinkeating milk
is fun!
delicious and nutritious, too

"JUNEST" is the trade-mark of Chr. Hanson's Laboratory, Inc. for its remnet and other food products and is registered in U.S. Passast Office.

The simple expedient of altering the form and texture of liquid milk—easily and quickly accomplished with rennet—frequently solves a number of eating problems. • Children—and oldseers, too—who (for one reason or another) tire of drinking milk, enjoy sating delicious rennet-custards. Quickly prepared, and in no way changing the nutritive values of uncooked milk, rennet-custards may be used as desserts or as between-meal snacks—varied in many ways through the availability of six different flavors and innumerable toppings. • Remember tennet next time you have a milk problem!

"JUNKET" BRAND FOODS

Chr. Hanson's Laboratory, Inc. - LITTLE FALLS, N. V. C-102



"Junket" Remot Pouder
-ewestened, six flavors.
"Junket" Remot Tublets
--unsweetened,

-- unsweetened, unflavored (particularly for very young infense and diabetics).

it n't ote dich

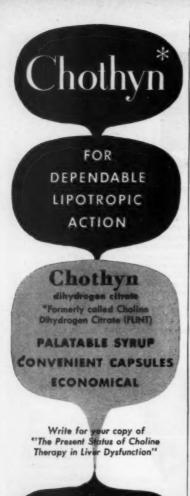
to id et

i-

r.

g l.

a



FLINT, EATON & CO.

ling the envelopes with Chanel No. 5? And if receipts rise again, won't she want to try things like sealing them with a crimson kiss?

Such titillation of male debtors leads . . . who knows where? Well it may lead to the loss of a patient, if he can't stand the strain; or to the loss of your secretary by marriage, if he can.

All things considered, we're inclined to believe that sex appeal while all right in its place—is a dubious collection aid.

Uncivil Defense

It's hard for most doctors to sustain their enthusiasm for civil defense work. It's even harder for one M.D. we know, ever since he tried to do his part.

In true public-spirited fashion, he volunteered to conduct a first-aid class in the large New York apartment where he has his office. After some months of this, he was duly thanked, commended, and awarded a framed certificate. Then he discovered that his students—including many former patients—had learned their lessons so well that they now preferred self-treatment.

Just recently, he met a man in the lobby who used to visit him regularly for the most minor aches and bruises. The man waved an expertly bandaged finger in front of his eyes and asked heartily: "How'm I doing, Doctor?"

The doctor now describes his own practice as one of the first casualties of civil defense.

"but Doctor, can't you make them eat?"



Trophite* to increase appetite

'Trophite' is designed to increase appetite and growth in below-par children. Each delicious 5 cc. teaspoonful supplies Vitamin B₁₂, 25 mcg.; and Vitamin B₁, 10 mg. Recommended dosage: one teaspoonful daily. Available in 4 fl. oz. bottles.

* T.M. Reg. U.S. Pat. Off. Smith, Kline & French Laboratories, Philadelphia



for twice the calories of 5% Dextrose

in equal infusion time

with no increase in fluid volume or vein damage

With 10% Travert solutions, a patient's carbohydrate needs can be more nearly satisfied within a reasonable time with no increase in fluid volume or vein damage.

Travert solutions are sterile, crystal-clear, colorless, non-pyrogenic and non-antigenic. They are prepared by the hydrolysis of cane sugar and are composed of equal parts of p-glucose (dextrose) and p-fructose (levulose).

Travert solutions are available in water or saline in 150 cc., 500 cc., 1000 cc. sizes. For the treatment of potassium deficiency, 10% Travert solutions with 0.3% potassium chloride are also available in 1000 cc. containers.

Travert is a trademark of BAXTER LABORATORIES, INC.

products of

BAXTER LABORATORIES, INC.

Morton Grove, Illinois . Cleveland, Mississipp.

AMERICAN HOSPITAL SUPPLY CORPORATION

GENERAL OFFICES . EVANSTON, ILLUNOIS



Before Use of Riasol



After Use of Riasol



A professional vote would elect RIASOL for local treatment of psoriasis. Druggists from coast to coast are reporting a steady increase in the number of RIASOL prescriptions.

Physicians have learned by clinical experience that RIASOL usually clears up or greatly improves the ugly skin patches in an average period of 8 weeks. After that, recurrence is often minimized by continued applications.

Unlike many other products, RIASOL is fully effective in all types of psoriasis. It reaches and treats the actual cutaneous lesions located in the deeper epidermal layers.

RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply daily after a mild soap bath and thorough drying. A thin invisible, economical film suffices. No bandages required. After one week, adjust to patient's progress.

Ethically promoted RIASOL is supplied in 4 and 8 fld. oz. bottles at pharmacies or direct.

> MAIL COUPON TODAY-TEST RIASOL YOURSELF

> > Dept. ME-10-52

SHIELD LABORATORIES 12850 Mansfield Ave., Detroit 27, Mich.

Please send me professional literature and generous clinical package of RIASOL.

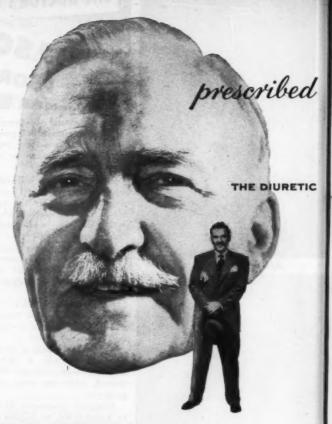


RIASOL FOR PSORIASIS

Address

N

115



NEOHYDRIN



- e eliminates dependence on xanthines, ammonium chloride, resins, aminophylline and other less effective tablets
 - · reduces dependence on injections
 - · permits more liberal salt intake
 - · maintains steady fluid balance

for a lifetime ...

NEOHYDRIN

TABLETS THAT WORK



lifetime therapy-

NEOHYDEEN helps keep the cardiac patient in fluid and electrolyte balance for his lifetime—a lifetime that might be impossible without such control of water and salt metabolism.

day in, day out diuresis-

NEOHYDEIN daily, maintains a steady, uninterrupted diuresis. This allows more liberal salt intake which benefits the patient psychologically. Even more important, liberalized salt intake permits the daily physiologic intake and output of sodium required by the body and safeguards against salt depletion.

prescribe NEOHYDRIN when indicated in

- *Congestive heart failure
- *Recurring edema and ascites
- * Cardiac asthma
- * Hypertensive heart disease
- Dyspnea of cardiac origin
- · Arteriosclerotic heart disease
- · Fluid retention masked by obesity
- . And for patients averse to their low-salt diet

how to use this new drug

Maintenance of the edema-free state has been accomplished with as little as one REDITIONAL Tablet a day. Often this dosage of REDITIONAL will obtain per work an effect comparable to a weekly injection of MERCUNYDRIN.® When more intensive therapy is required one tablet or more three times daily may be prescribed as determined by the physician.

Gradual attainment of the ultimate maintenance dosage is recommended to preclude asstroints upset which may occur in occasional patients with immediate high dosage. Though sussionered PREDITYERIN diuresis is gradual. Injections of RESCURYERIN will be initially acute severe decompensation.

NEOHYDRIN is contraindicated in acute nephritis and nephroscierosis.

Any patient receiving a diuretic should ingest daily a glass of orange juice or other support of netangium.

packaging Bottles of 50 tabists. There are 18.3 mg. of 3-chloromsrcuri-3-mathemin each tablet.

Lakeside aboratories INC., MILWAUKE A PISCONSII





As a substitute for morphine following minor surgery, Anacin provides quick, prolonged relief without the undesirable effects of narcotics. Long favored for its rapid analgesic effect, Anacin provides long lasting action plus mild sedation. This dependable APC formula is safe—offers simple oral administration and dependable response. If you would like to receive Anacin samples for use in your practice, please write to us on your letterhead.





WHITEHALL PHARMACAL COMPANY . 22 East 40th Street, New York 16, N. Y.



the direct approach to skin infections

Myciguent

Upjohn

90-Second Asthma Relief



Lasting
4 Hours!

Relay Action in One Tablet . . .

You can now prescribe immediate-acting, sublingual aludrine (n-iso-propylarterenol HCl) and the classic the ophylline-ephedrine-phenobarbital anti-asthmatic triad in a single tablet. The asthma patient simply places a Nephenalin tablet under the tongue until the purple sugar coating is dissolved, then swallows the nucleus.

Aludrine (n-isopropylarterenol HCl) in the coating, absorbed sublingually, exerts pronounced bronchodilator action within 90 seconds. The nuclear combination of theophylline, ephedrine and phenobarbital is absorbed enterically to *relay* and *extend* the initial asthma relief for at least four hours. The average asthma patient may thus abort or suppress symptoms for a whole day with as few as three *Nephenalin* tablets!

Nephenalin

Anti-asthmatic Tablets

Gentlemen:	Please send me samples of anti-asthmatic tablet.	st 44th Sc., Ness York 17, N.Y. f Nephenalin, your new
Name		
Street_		

A NEO-PENIL* CASE HISTORY

(For more information about 'Neo-Penil', see page 198)

Bronchiectasis: Preparation for surgery

Patient: Mr. A.C., age 52, admitted to the hospital November 10. Eleven years' history of bronchitis. In the last 5-6 years he had periodic attacks of severe cough, producing large amounts of purulent, fetid sputum.

He had "caught a bad cold" in September and was feeling very poorly, with severe cough, copious expectoration and fever.

First course of treatment: After sputum cultures were obtained, the patient was treated with procaine penicillin, intramuscularly, 150,000 units daily for 5 days and streptomycin 0.5 Gm. t.i.d. for 4 days. In addition, he was given penicillin inhalations for 6 days. Postural drainage was employed throughout the treatment.

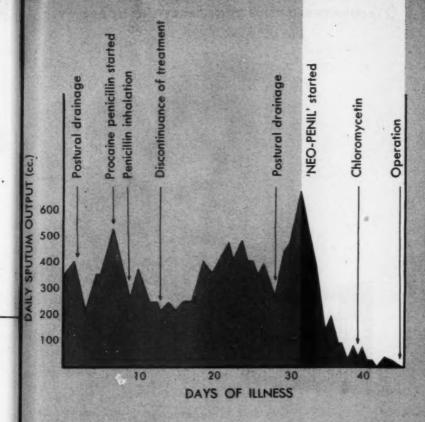
LY SPUTUM OUTPUT (cc.

Response: The amount of expectorate decreased but slightly.

On December 4, the patient was transferred to the Department of Thoracic Surgery of a larger hospital, for operation. Bronchoscopic examination revealed marked bronchiectasis in all segments of the left lower lobe. The upper lobe, including the lingula, showed no abnormality. The sputum volume was now 600 cc. per day.

Second course of treatment: In the hope of reducing the sputum volume before operation, the patient was given 'Neo-Penil', intramuscularly, 1 million units the first day, 1 million units b.i.d. the second day, and 1 million units t.i.d. thereafter. Postural drainage was reinstituted.

Response: After 6 days, sputum volume was reduced from 600 cc. to 50 cc. per day. At this time sputum culture revealed penicillin-resistant bacteria and chloromycetin was given, 0.5 Gm. every 6 hours for 5 days. The sputum volume was further reduced, and it was felt safe to operate.



'Neo-Penil' is a new, long-acting derivative of penicillin, which concentrates in the lung and spurum (see page 198). It is available at retail pharmacies in single-dose, silicone-treated vials of 500,000 units.

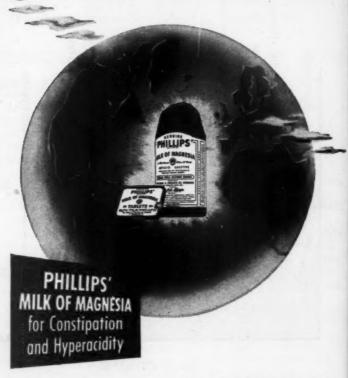
Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off. for penethamare hydriodide, S.K.F. (penicillin G diethylaminoethyl esser hydriodide) Patent Applied For

FULL INFORMATION ACCOMPANIES EACH 'NEO-PENIL' VIAL.



$R_{ ext{ecommended}}$ with confidence the world over



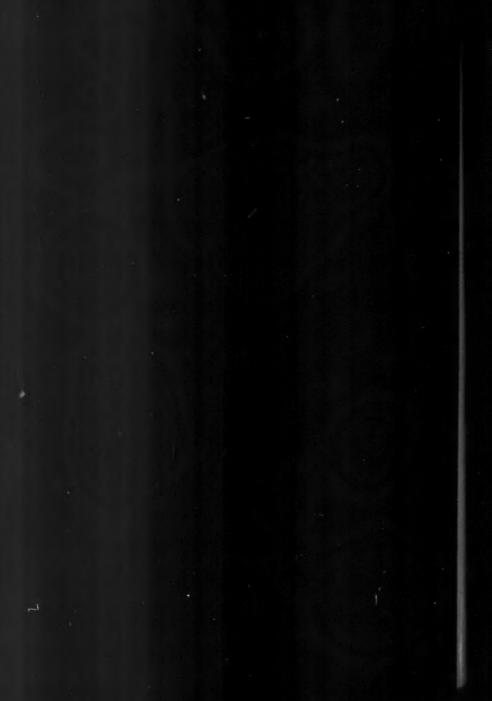
As a loxative—Phillips' mild, yet thorough action is dependable for both adults and children. As an antacid—Phillips' affords fast, effective relief. Contains no carbonates, hence produces no discomforting flatulence.

DOSAGE:

Laxative: 2 to 4 tablespoonfuls Antacid: 1 to 4 teaspoonfuls, or 1 to 4 tablets

Prepared only by

THE CHAS. H. PHILLIPS CO. DIVISION . 1450 Broodway, New York 18, N. Y. of Sterling Drug Inc.



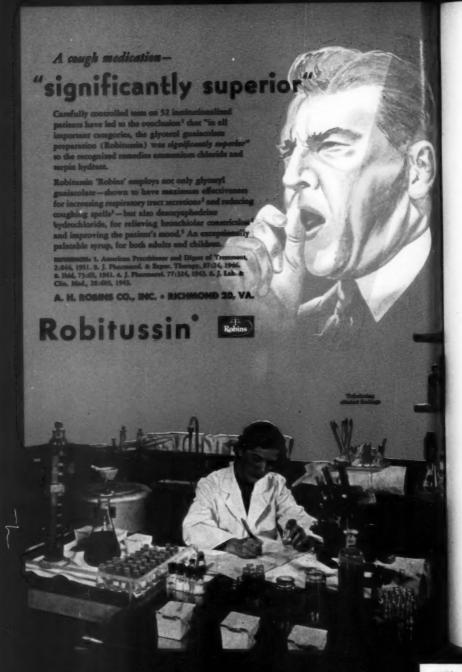




for better, more sustained relief in arthrills







Editorial

Who's Your Man?

Adlai E. Stevenson has been described as "a liberal who leans toward the conservative side." Dwight D. Eisenhower might be called "a conservative who leans toward the liberal side." But on medical matters—at least at this writing—both men lean so far toward the middle that their heads almost touch.

Daylight can be seen between them on only one health issue: Federal aid to medical education. Stevenson is bound by his party platform to support it. Eisenhower has attacked it as "the first step toward the socialization of medicine."

Otherwise, both men crowd the center. Stevenson, for example, has disavowed compulsory health insurance and the Oscar Ewing approach, saying: "I have indicated [many times] that I thought a new approach was necessary." Yet he stresses the need for better protection against extra-heavy medical bills. "This," he believes, "would largely eliminate the specter of terror from the average home, but still leave us financially undamaged and professionally independent."

Mulling over these signs of moderation, many doctors probably react in the same way as one of medicine's most astute political observers. "I'm inclined to think," this man said recently, "that the medical profession would have no more difficulty with Stevenson in the White House than with Eisenhower. As a matter of fact, the Governor's main drawback is his party."

Partisan though this last statement may sound, it puts the emphasis where it belongs: on the environment in which our next President will operate.

No matter which man wins, the White House attitude toward private medicine is apt to become more favorable than it has been for twenty years. But what about the attitude on Capitol Hill?

It's here, after all, that laws are made. If the legislators we elect are strong for good government, our profession will have nothing to fear. But if they're more interested in pork than in principle, we're bound to have trouble—the attitude of our next President notwithstanding.

Who's your man?

Ask the question first about the Congressional aspirants in your district. Then go out and work for the House and Senate candidates of your choice. There's no quicker way to assure the future of private medicine. —H. SHERIDAN BAKETEL, M.D.

How to Chart Your Financial Needs

This plan gives the right protection whether you die early or live to retire

• In any investment program, there is one great risk: the untimely death of the income producer. So the wise doctor will have two distinct financial plans—one based on the assumption that he will live past the age set for retirement, the other based on the assumption that he will die before that age.

A prerequisite to this sort of planning is a clear, written statement of objectives. For example, consider the goals set by a typical young M.D. we'll call Edward Simpson:

My age: 30. My wife's age: 27. My children's ages: John, 5; Mary, 2. My present savings: about \$100 a month.

Objective No. 1: If I live, I want to retire at 65 with a monthly income of \$250. Objective No. 2: If I die before 65, I want my wife to have (a) an income of \$250 a month until John and Mary finish college; (b) an income of \$150 a month thereafter until she is 67; (c) an income of \$100 a month between the ages of 68 and 78. In addition, I want each of my children to receive \$1,000 a year while attending college.

These are modest aims, and by some standards they may seem inadequate. But the point is, they are *definite*. Without sharply defined aims there can be no scientifically conceived plan; and inability to state aims should create a suspicion that one may not have any.

Once he has set his sights, Dr. Simpson is ready to figure costs. He can do this by constructing a chart that shows, at a glance, what his future financial needs will be and how he'll meet them through savings and insurance.

This chart, which we call an in-

By Wilford J. Eiteman, Ph.D. and Howard A. Bolton

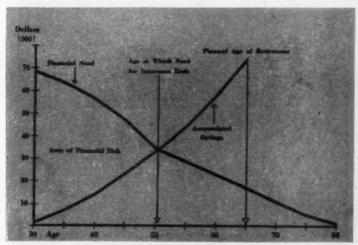
*Wilford J. Eiteman, professor of finance at the School of Business Administration, University of Michigan, is a former vice president of the American Finance Association. Howard Bolton has served as his research assistant. This article approximates a portion of their book, "Investment Advice for Professional Men," published by Masterco Press. suragraph, is illustrated below. It shows Dr. Simpson that if he dies at age 30, he must leave an estate of \$68,523 to cover his family's needs as stated in Objective No. 2. Since his \$100-a-month savings have not yet begun to mount up, this estate will have to come entirely from insurance.

Insurance needs decrease with age, of course; and they decrease still more as one's savings plan gains momentum. So if Dr. Simpson dies at 45, he'll need only \$25,387 in insurance. Reason: His family's needs will then total only \$48,038, as shown by the chart, and his accumulated savings will provide \$22,651 of that amount.

Suppose Dr. Simpson lives to retire at 65. To draw a monthly retirement income of \$250, he will need an accumulation of \$57,210. Actually, if he faithfully invests \$100 a month at 3 per cent interest from now until then, he'll end up with that much plus some \$16,000 extra.

How can you make your own insuragraph?

The first step, naturally, is to list your aims. Then, using Table 1 (on next page), determine how much of an estate must be left in any given year to provide the monthly payments you've decided on.* Using Table 2, you can find out how much



Dr. Simpson's Insuragraph

1)

il

h

n

n

n

e

[°]Suppose, for example, that in case of your death tomorrow you want your widow to receive \$250 a month for twenty years, \$200 a month for an additional twenty years, and \$100 a month for another ten years. Such an arrangement may be stated as:

Table 1

What Estate You Must Leave to Provide Monthly Payments of \$50 or \$100 for Various Lengths of Time

(Assuming purchase of lump-sum annuities yielding 3 per cent interest)

Number of Estate Nec2ed to Provide Years Monthly Monthly Payments of		Number of I Years Monthly Payments Are	to Provide ments of		
Payments Are To Continue	850	9100	To Continue	\$50	0100
	\$ 591	\$ 1,182	26	\$10,896	\$21,772
2	1,166	2,330	27	11,160	22,320
3200	1,722	3,445	28	11,426	22,852
	2,263	4,527	20	11,684	23,369
5	2,788	5,578	30	11,935	23,871
6	3,299	6,598	31	12,179	24,357
7	3,794	7,588	32	12,415	24,830
8	4,274	8,549	33	12,645	25,290
9	4,741	9,483	34	12,867	25,730
10	5,195	10,388	35	13,084	26,166
11	5,634	11,268	36	13,294	26,589
12	6,062	12,122	37	13,498	26,997
13	6,476	12,952	38	13,696	27,393
14	6,879	13,757	39	13,889	27,77
15	7,270	14,539	40	14,075	28,15
16	7,649	15,297	41	14,257	28,51
们进行	8.017	16,034	42	14,432	28,86
18	8,375	16,750	43	14,604	29,20
19	8,722	17,444	44	14,769	29,53
20	9,059	18,119	45	14,931	29,86
21	9,387	18,773	46	15,086	30,17
22	9,704	19,409	47	15,238	30,47
23	10,013	20,026	48	15,386	30.77
24	10,312	20,625	49	15,529	31,05
25	10,603	21,207	50	15,668	31,33

Table 2

What Estate You Must Leave to Set Up a College-Education Fund

(Pand, invested at 3 per cent interest, to provide \$1,000 at start of each college year, for four years)

Number of Years Before College Enrollment	Estate Needed
1	\$3,718
2	3,610
3	3,504
	3,402
5	3,303
6	3,207
7	3,114
8	3,023
9	2,935
10	2.849
11	2,766
12	2,686
13	2,608
14	2,532
15	2,458
16	2,386
17	2,317
	2.249

to add if you want a college-education fund for your children.

You don't have to figure out your estate requirements for every year; simply compute them for five-year intervals. Then, to construct the financial-need line of your insuragraph, plot these five-year amounts on the chart and join the points with a smooth curve.

Table 3

How Savings of \$100 A Month Accumulate

Number of Years Savings Continue	Cumulative Total
5	\$ 6,466
10	13,961
15	22,651
20	32,725
25	44,402
30	57,941
35	73,635
40	91.829

You can plot your savings curve the same way, after estimating from Table 3 what your accumulated savings will amount to at five-year intervals. The amount by which your financial-need line exceeds your savings line at any given age equals the amount of insurance needed. Thus, although your insurance needs may be quite sizable at first, they'll diminish fast when your savings program gets rolling.

Your immediate goal is the point where your ascending savings curve passes your descending need curve; and the earlier in life you arrive at that point, the better. From then on, you can stop paying for life insurance and concentrate entirely on building up enough savings to retire on.

What

Ethics Code

Says

About

Professional Relations

• Many doctors find the A.M.A. ethics code too formidable for leisure-time reading. Yet there's a surprising amount of information in the code that applies directly to their daily problems. Here are six questions of conduct that often beset medical men in their relations with one another. Do you know what the Principles of Medical Ethics say in answer to each?



What should a doctor do in the event of a misunderstanding with a colleague?

He "should seek a personal interview with his fellow."



If they can't iron out their differences, what then?

"...the dispute should be referred for arbitration, preferably to an official body of a component society."



What should a doctor do when he sees a patient treated improperly by a colleague?

He "should expose, without fear or favor, incompetent or corrupt, dishonest or unethical conduct . . . Questions of such conduct should be considered, first, before proper medical tribunals . . . "



May the doctor warn a *patient* about a colleague's incompetence?

He should not "disparage, by comment or insinuation," the other doctor, nor "do anything to diminish the trust reposed by the patient in his own physician."



What ethical principles that apply to an individual don't apply to a group?

"The ethical principles . . . governing [both] are exactly the same . . . the uniting into a business or professional organization does not relieve [doctors] . . . from the obligation they assume when entering the profession."



When is it unethical for a doctor to dispose of his services to a lay group?

When the conditions "permit exploitation of [his] services . . . for the financial profit of the agency concerned."

Clash between American College and International College of Surgeons has raised important questions



Surgical Row Simmers Down

 What's the average doctor's reaction when two of medicine's major organizations get themselves mixed up in a first-class scrap?

Often, he's just plain bewildered. And as the controversy finally subsides, he may be left with an uneasy question:

Is medicine becoming over-organized when professional groups, instead of working shoulder to shoulder, start jostling each other?

The lately ended war of words between the two giants of surgery provides a case in point. Some months ago, the American College of Surgeons, second largest association of medical men in the country, launched a barbed resolution straight at the younger and smaller International College of Surgeons. The issue between them was this:

Since 1946, the I.C.S. had given oral and written examinations annually to candidates for membership. Last fall, it published a list of

By Alton S. Cole

tl

ic

d

ic

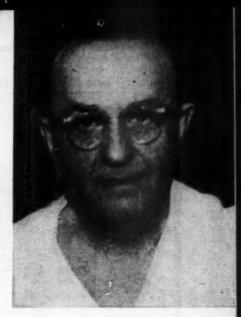
m

ei

S

in

Do we need a new certification system in surgery? "No!" says Dr. Paul Hawley [◄] for the American College of Surgeons. But Dr. Max Thorek [▶] of the International College seems to have different ideas.



696 new members (including 255 A.C.S. members, of whom 119 were also diplomates of the American Board of Surgery). These new members were "certified" by the I.C.S. "qualification board."

Although the words in quotes had been used before, this time they drew the fire of the American College of Surgeons. Bluntly and abruptly, its board of regents declared: "... there can be no logical justification for the establishment of other certifying boards" in the professional fields already covered by the American Boards of Surgery. No fellow of the A.C.S., the regents added, "should support in any manner whatsoever . . . any

organization which sponsors such other certifying boards."

And that wasn't all. In a formal resolution, the A.C.S. regents announced that "the application of standards fixed by the boards of the International College of Surgeons is not in accordance with the generally accepted principles of education and training upon which competence in surgery is evaluated." Such boards as the I.C.S. had established were termed "a menace to present standards in the practice of surgery."

This action was not meant "to express any opinion . . . regarding the International College of Surgeons as an organization," wrote Dr.

Just What the Doctor Ordered



Paul R. Hawley, A.C.S. director, to his 17,500 fellows. Even so, he added, "The International College of Surgeons has threatened to bring suit against the American College of Surgeons because of this resolution."

A.M.A. Asked to Help

Leaders of the International College's 4,500-member U.S. chapter took up the challenge. Although their general counsel, in a letter to the A.C.S., had specifically mentioned the possibility of a lawsuit, they now disavowed any desire for "court entanglements so degrading to our profession." And they asked the A.M.A. to help arbitrate the matter.

"We believe," these surgeons said, "that a feud . . . apparently initiated by the malcontents of the American College of Surgeons would be a tragic commentary on the ideals of our profession and would be followed by dire results."

The A.M.A. promptly named Dr. George Lull, Dr. Elmer Henderson and Dr. Louis Bauer to meet as a fact-finding committee with I.C.S. representatives. Among other things, the committee suggested rewriting the I.C.S. certificate to do away with what had become fighting words: "board" and "certified."

Meanwhile, other voices took up the debate. For example:

¶ A letter "to clarify certain misconceptions based on unfounded rumors" appeared in the Journal A.M.A., over the signatures of Drs. Henry W. Meyerding and Arnold S. Jackson, president and secretary of the U.S. chapter of the I.C.S. (both are fellows of the A.C.S. as well). The International College's examinations, they said, "are in no way intended to invade the province of the American Boards of Surgery . . . These rigid examinations have been created for the specific purpose of establishing the qualifications of those applying for membership in the International College of Surgeons exclusively."

From I.C.S. headquarters in Chicago, a twelve-page printed "Statement of Facts" went out to American and Canadian surgeons. It was signed by Dr. William Carpenter MacCarty Sr., chairman of the U.S. chapter's fact-finding committee. It said in part: "At no time... has any other surgical organization, particularly the American Board of Surgery, voiced any criticism of [I.C.S.] activities."

¶ Dr. Morris Fishbein sounded off in Postgraduate Medicine: "The newest leadership in the American College of Surgeons seems to be indulging in a fit of petulance toward its rival... The lusty infant now called the International College of Surgeons suffers noticeably from an inferiority complex and shudders at every complaint or criticism."

Intimidation Charged

Behind the scenes, the exchanges were considerably sharper. A.C.S. leaders were less interested in the apparent issue, charged the I.C.S., than in attempting to cripple the younger organization by forcing mass resignations. There was even talk of attempts to intimidate individual surgeons. Some I.C.S. members, it was charged, had received warnings to resign or face the loss of hospital staff privileges; others, not belonging to the I.C.S., had been cautioned against joining.

"There is absolutely no foundation for such reports," Dr. Hawley later asserted.

On the contrary, countered Dr. Max Thorek, I.C.S. secretary general, his files contained sworn affidavits from surgeons who *had* allegedly received such warnings. But names and details were not divulged.

During all this, letters from fellows of both colleges piled up. In the first few weeks following the original resolution, according to Dr. Hawley, the American College received about 500 letters commending its stand, and only five criticizing it.

Dr. Thorek, for his part, made public some quotations from "a great mass" of letters from America and abroad: "A typical outburst of professional jealousy" . . . "A routine penalty and proof of great success" . . . "The resolution itself is disgraceful, but Dr. Hawley's letter accompanying it can be interpreted only as a mandate or a threat."

The "active period" of this dispute, during which its echoes could be heard by anyone who cared to listen, lasted a full six months. What, in retrospect, did all the arguing accomplish?

First, the disputed words "certified" and "board" were deleted from I.C.S. examination certificates. Henceforth, said Dr. Thorek, the text "will attest that candidates have been examined by the qualification and examination councils of the U.S. chapter of the International College of Surgeons, making them diplomates of the I.C.S."

This shift in semantics seemed to indicate that the American College had won its main point. By agreeing not to use the terms "board" and "certified," Dr. Hawley concluded, the I.C.S. had done away with the risk of confusion and, in fact, had eliminated the "certifying board" in question. Added Hawley: "I think the issue is closed as far as the American College is concerned."

Nor did the outcome seem too displeasing to I.C.S. officers, who saw the results in these terms:

- Of more than 2,500 I.C.S. fellows who also belong to the A.C.S., only seven resigned (Dr. Hawley was one of the seven); and three have since applied for reinstatement.^o
- More than 300 new applications for admission to the International College were received, the majority from A.C.S. fellows.

Thus—on the surface, at least—the dispute [MORE ON PAGE 168]

These figures fail to support an earlier allegation by an I.C.S. spokesman that the International College had been damaged by large numbers of resignations.



Your Economic Weather Vane

A report on the Seventh MEDICAL ECONOMICS Survey

The facts in the following pages stem from the replies of about 5,000 practicing physicians to a questionnaire sent them by this magazine in April, 1952. These doctors constitute a representative cross-section of the profession; the information they supplied covers many phases of the economics of private medical practice in the U.S. In our first installment of survey data this month, we discuss the "average" physician, doctors' political affiliations, and fees. In the months ahead, we'll analyze such matters as incomes, expenses, collections, working hours, patient load, and assistants. We'll also present the economic facts of life about a number of different types of doctors: for example, the general practitioner, the specialist, the group doctor, and the small-town doctor. For a detailed account of how the Seventh MEDICAL ECONOMICS Survey was conducted, see page 93.

Your Economic Weather Vane (Cont.)



The Average U.S. Physician

• The average active, independent physician in the U.S. has good reason to feel that the economic winds have been blowing his way of late. For 1951, he reports, both his gross and net incomes stood at all-time highs.

Moreover, his net income is increasing at a faster rate than that of the country's working people as a whole. From 1947 through 1951, it rose about 35 per cent, while the average for all U.S. workers went up 25 per cent. The current tendency for physicians' incomes to rise more rapidly than in-



The composite portrait presented here shows how the average independent physician looks in 1952. Some of the figures given (e.g., those on incomes and expenses) are necessarily for 1951. Independent physicians are considered to be those in private practice who derive more than half their net income from fees for service.

comes in general is especially surprising when you consider that in previous years they rose *less* rapidly. From 1943 through 1947, for example, the net income of physicians went up only 14 per cent, against a 32-per-cent rise for all workers.

There are few clouds to mar the doctor's view of clear weather. The only one that's really dark is taxes: A fair chunk of his rise in income must go toward meeting tax boosts enacted since 1947.

Now let's take a closer look at this average independent practitioner:

His gross income from practice falls just below the \$25,000 mark-\$24,770, to be exact. About two-fifths of his gross, or \$9,508, goes into professional expenses, leaving him a net of \$15,262 before taxes.

As an independent physician, he naturally gets the great bulk of his income directly from private patients. But about 10 per cent of the gross comes from Blue Shield and other health insurance plans.

Although he has probably never stopped to figure it out, the average doctor takes in \$8.54 for every hour he works. After expenses, he's left with an hourly net income of \$5.25.

He now works 10 per cent fewer hours than he worked during World War II, but he still puts in a long work-week of fifty-eight hours, on the average.

Chances are, he'd find himself toiling even harder if he didn't have help. But the odds are three to one that he employs at least one full-time office aide, to whom he pays a salary of about \$54aweek.

What about the heart of his practice—his patients? The average U.S. physician in private practice now has as many patients as he can comfortably handle. He sees an average of twenty-eight a day, or about 8,400 a year. Three-quarters of them come to his office; he sees most of the rest on hospital rounds or house calls.

Today's doctor tends to do an increasing amount of work without pay. He gives seven hours a week -one-eighth of his working time-to charity pa-



tients; that's an increase of 15 per cent since 1947. And during the same period his collection ratio has slumped slightly, from 88 to 85 per cent.

He writes in the neighborhood of 2,500 prescriptions a year, or about one for every three patients. He spends an average of twenty-three minutes per patient. He does little or no dispensing though as recently as 1943 most doctors did dispense some of the drugs they told patients to take.

On the personal side, the average doctor probably isn't too different from a good many other men of comparable income. He's rather strongly Republican. He carries \$44,000 worth of life insurance (half again as much as the average doctor carried in 1943). He has \$47,000 invested in stocks, bonds, and real estate. And he allots about \$600 a year to charitable donations.

It goes without saying that he wants no part of any Government medical scheme. But he's rather undecided about whether, as a private physician, he'd like to be covered by the Federal Social Security program. About 55 per cent of the profession doesn't want such coverage, while 45 per cent wants it.

That, in brief, is how the average U.S. doctor shapes up these days. That's how he shapes up in print, at any rate; you'll never meet him in the flesh.

The average physician (like the average patient, the average community, or the average anything else) has no visible shape. He's not a living creature making house calls, or removing an appendix, or wondering how to explain the mysteries of life to a dying man. He's nothing more, really, than an assortment of numerals, decimal points, and dollar signs—the product of a set of punch cards.

Yet this average doctor does serve as a useful rule-of-thumb—a kind of common denominator against which flesh-and-blood doctors can measure themselves and their practices. When seen in that light, he's a handy fellow to have around.



Your Economic Weather Vane (Cont.)

ce

on

of en in, ie-

in ne

t,

ig 1-

ĸ,

n

l r e

t



Physicians' Politics

Tables in this article show physicians' political affiliations as of early 1952. When sets of figures add up to less than 100 per cent, the difference is accounted for by doctors who belong to minor political parties. Such physicians generally comprise less than 1 per cent of the total.

Your Economic Weather Vane (Politics—Cont.)

Republican doctors are the rule in most parts of the countryespecially in the Central and No.thwest sections, where they outnumber Democrats by more than 6 to 1. In the Northwest, about three out of every four physicians say they're Republicans. Even in the so-called "solid" Southeast, only half call themselves Democrats.

Physicians' Politics in the Various Regions

	Republicans	Democrats	Unwilliated
New England	52.8%	11.4%	35.8%
Middle East	48.5	22.7	28.3
Southoast	21.4	49.5	28.2
Southwest	34.1	34.4	30.8
Central	67.8	10.5	21.5
Northwest	73.1	11.9	14.1
For West	70.7	14.5	14.3
AH U.S.	\$3.5	21.0	24.4





Your Economic Weather Vane

(Politics-Cont.)

Republican tendencies are apparently strongest among EENT men (6.2 Republicans per Democrat) and among ENT men (5.6 to 1). They're least so among dermatologists and among psychiatrists and neuro-psychiatrists; but even here the ratio is 1.5 Republicans per Democrat. The most interesting thing about psychiatrists, from the political point of view, is that half swear allegiance to no party.

Specialists' Politics

	Republicans	Democrats	Unefficient
Dermatology	42.6%	27.6%	29.8%
Ear, ness, throat	66.7	11.9	21.4
Eye, our, nose, throat	63.8	10.3	24.2
Internal medicine	49.0	25.0	25.5
Obstatrics/gynacology	58.5	21.1	20.0
Ophthalmology	57.1	18.6	24.3
Orthopodics	57.4	25.5	17.1
Podiatrics	53.6	21.4	24.5
Psychiatry/neuropsychiatry	28.8	19.8	50.5
Roentpenology/radiology	84.7	20.2	23.4
Surgery	60.0	19.2	20.8
Urology	60.2	26.0	13.8
All specialties	54.8	17.5	27.3

Physicians' Politics in Selected States

	Republicans	Democrats	Unofficial
California	67.8%	16.7%	14.9%
Illinois	60.1	14.5	24.2
Massachusotts	56.3	9.6	34.1
Michigan	69.2	9.3	20.2
New Jersey	56.9	14.6	27.1
New York	36.5	28.6	34.0
North Carolina	23.1	48.4	27.4
Ohio	66.7	9.7	23.6
Pennsylvania	70.3	11.4	18.3
Texas	26.7	37.2	35.0
All U.S.	53.5	21.6	24.4



Your Economic Weather Vane (Politics—Cont.)



A mong doctors who net in the neighborhood of \$5,000 a year, there are two Republicans for every Democrat. Among doctors who net about \$30,000 a year, there are *four* Republicans for every Democrat.

Politics of Physicians With Various Incomes

	Republicans	Democrats	Peaffligred
\$ 5,000	51.0%	25.5%	23.5%
10,000	52.4	25.6	22.0
15,000	49.5	26.4	24.1
20,000	57.7	21.6	20.7
25,000	55.3	22.3	21.2
30,000	62.8	15.6	21.6
All Incomes	53.5	21.6	24.4

Induded in each locome level above are all dectors who in 1951 noticed within \$500 of the figure cited.

Survey Sidelights

¶ There are more Republicans per Democrat among group physicians than among solo; among full specialists than among general practitioners; and among male doctors than among women. Yet in all these categories Republicans outnumber Democrats by at least two to one.

¶ In small towns, Republican physicians outnumber Democrats 2.8 to 1. They also hold an edge in the metropolitan districts—but here only by a 1.3-to-1 margin.

¶ The average Republican doctor has financial assets that include \$50,000 in stocks, bonds, and real estate; the Democrat has \$40,000. The Republican doctor makes an annual charitable donation of \$750, against the Democrat's \$660 (the latter gives a bit more *time* to charity). It seems, then, that a doctor who belongs to one party is basically much like his colleague who belongs to the other. Both are mindful of the needs of charity—including the kind that begins at home.

¶ There are about 2.5 Republicans per Democrat among young and old doctors alike. But there are proportionately twice as many unaffiliated voters among the young medical men.

¶ Among the handful of respondents who mentioned other political affiliations are four Dixiecrats, three Liberals, two Socialists, a Progressive, a Prohibitionist, a self-styled "America firster," and (of all things) a "quiescent anarchist." No avowed Communists signed in.

Your Economic Weather Vane (Cont.)

Physicians' Fees

General Practitioners' Fees
Office call\$3
Daytime house call 5
Night call
Since 1948, office calls of general practitioners have risen an average of 25 per cent.

Tables in this article show modian fees of physicians in 1952.



Specialists' Fees for Office Calls

	1952 Fee	Average Rice Siece 1948
Dermatelogy	\$5	27%
Ser, Nose, Throat		20
Eye, Eur, Nose, Throat		28
Internal medicine	-4	24
Obstetrics/gynecology	4	29
Ophthalmology	3	37
Orthopedics		31
Pediatrics		16
Psychiatry/neuropsychiatry	13	32
Surgery	3	29
Urelegy	5	28

Your Economic Weather Vane (Fees—Cont.)



Fees by Community Size

(Fees of general prestitioners only)

	Office Call	Daytimo Noose Call	Night Cati
Under 5,000	\$3	44	\$5
5,000-49,999	3	4	
50,000-499,999	3	3	7
300,000-999,999			
1,000,000 and over			
All U.S.	3	8	

Fees in the Various Regions

(Fass of general proctitioners only)

	727	Buytlans Newse Cell	Mole Call
New Ingland	\$3	84	96
Middle East			
Southeast			5 4
Southwest			7
Central	3		5
Northwest	3		3
Fur West		3	
All U.S.	3	3	

New or many that shows the states in each region, see pego 83.



Your Economic Weather Vane

(Fees-Cont.)

About the



Fees in Selected Cities

(Fees of general practitioners only)

	Office Cull	Daytimo Nocas Cell	Atiphe Call
Baltimore	\$2	84	\$5
Boston	4		
Chicago	3	5	5
Cleveland	3	5	10
Detroit	3	5 4	
Les Angeles	4	5	
New York City	3		7
Philadelphia	3		. 5
St. Louis	3		5
Washington	3	- 5	5
All U.S.	3	5	6

Seventh MEDICAL ECONOMICS Survey:

• It was in 1929—a few months before the stock market crashed—that MEDICAL ECONOMICS published the results of its first survey of the economic status of U.S. physicians. More recent surveys, made every few years since then, have examined the doctor's practice through the lean days of the depression, the exhausting days of World War II, and the unsettled days of the postwar period.

The findings of the different surveys have been as varied as the times they represent. Thus, the independent doctor's net income averaged \$5,806 in 1928, \$3,792 in 1935, \$9,186 in 1943, and \$11,300 in 1947. According to the seventh (and latest) survey, it reached an all-time high of \$15,262 in 1951.

Despite changing times, however, each study has had the same basic purpose: to enable the doctor scanning the results to compare his practice with that of colleagues the country over. The Seventh MEDICAL ECONOMICS Survey—the most comprehensive yet attempted—should provide a more detailed basis of comparison than any of its predecessors.

The current study, like earlier ones, was planned and prepared for publication by the editorial staff of this magazine, with the technical aid of consultants in research and statistics. The detailed statistical work was done by the Columbia University Bureau of Applied Social Research; this work included such processes as checking questionnaires for accuracy, transferring the information to I.B.M. punch cards (three cards per respondent), and tabulating and computing the results.

Who participated in the survey? Copies of the questionnaire were sent by direct mail to a cross-section totaling about one-third of the country's active, private physicians. It was also published in the April, 1952 issue of the magazine—which circulates, of course, to almost all private practitioners. Excluded from the survey group were doctors over 65, internes, residents, and physicians in full-time government service.

About 8,000 questionnaires were returned by the time statistical work was begun. Since this was a considerably larger sample than necessary for stable results, a free hand was used in discarding incomplete or inaccurate returns.

Other questionnaires were eliminated in order to make sure that the sample constituted a valid crosssection of doctors the country over. Actually, the unadjusted sample closely approximated the known distribution of physicians by three key variables: community size, geographic area, and years in practice. But it included a somewhat too great proportion of full specialists in relation to partial specialists and general practioners. So, by means of a system of random discarding that preserved the close correlation with the other three variables, a



At the office in his wheelchair, Dr. Duncan A. Holbert still has eyes for examining and a brain for prescribing. Neither children nor adult patients seem to mind his disability.

And They Said He'd Have to Quit Practice!

• Since he specializes in allergy, Dr. Duncan A. Holbert of Santa Cruz, Calif., often sees patients who suffer from severe itch. And sometimes, before they've been in his office very long, the doctor finds that he has sympathetically transferred their symptom to the tip of his nose. When that happens, he summons his aide and says, "Mrs. Angel, my

nose, please." Obediently, Mrs. Angel scratches it for him.

This scene is put on not to divert patients or to set them at ease (though often it does both) but because Dr. Holbert can't scratch his own nose. He is a polio victim, completely paralyzed below the neck, who divides his existence between an iron lung and a wheelchair. number of questionnaires from full specialists were removed. The finally adjusted sample closely followed a specialist-G.P. breakdown based on the number of active, private M.D.'s listed in the latest edition of the American Medical Directory.

The sample thus arrived at contained 5,009 questionnaires. Of these, 4,268 were returns from independent doctors (i.e., those who derive more than half their net income from non-salaried, fee-for-service practice). [MORE ON PAGE 180]



At home in his iron lung, the doctor reads X-rays in the mirror and dictates his findings, while his wife (center) operates the film projector.

Despite his formidable handicap, 37-year-old "Dunc" Holbert has built a flourishing allergy practice in the short space of eight months. In the process, he has provided a new source of inspiration for all physicians who have ever wondered, "What would I do if I became disabled?"

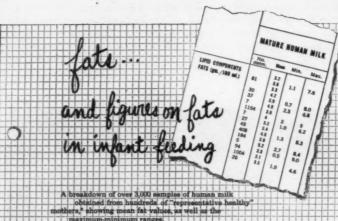
He needs help, of course; and he

gets plenty of it. He depends on his office aide to act as his hands; a male nurse to take personal care of him; a medical society to bolster him financially; and, above all, colleagues with enough confidence in him to refer patients.

The iron lung, where he spends the night and many hours of the day, is kept at home. While in it, he

d

IS



(From Bull of the Nationa Research Council, No. 119, January 1950)

but the similarity doesn't end there

Qualitatively, the fat of Similac corresponds closely in physical and chemical properties to the fat of mother's milk. The high level of unsaturated fatty acids, the uniformly small , globule size and the increased essential fatty soids approximate those of breast milk. Thus Similac, like breast milk, affords easy digestion of fat good fat retention, and encourages freedom from gastrointestinal disorders and from dermatologic complications due to low ential fatty acid diet.



On every count... Superior viumin supplements for infants

the versatile Vi-Solo 3 water-soluble vitamin preparations for drop

dosage



hypoallergenicity

synthetic form, the "Vi-Sols" are well tolerated even by allergic

stability



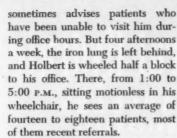
POLY-VI-SOL TRI-VI-SOL CE-VI-SOL

Available in 15 and 50 cc. bottles, with calibrated droppers

	Wienis A	Vilamir B	Acortic Auld	Thirmin	Ministra	
POLY-VI-SOL Each 0.0 cc. subplies	5000 Units	1000 Units	30 mg.	1 mg.	0.8 mg.	5 my.
TRI-VI-SOL Each 0.8 Cc. supplies	5000 Units	1000 Unite	50 mg.			
CE-VI-SOL Inch 4.5 sc. supplier		i dinen	50 mg.			







How does he manage? By using his own brains and other people's hands. His aide (who doubles as a laboratory technician) does the skin testing, helps him prepare extracts, and gives injections—all under the doctor's supervision. Holbert himself studies the smears and slides. (He isn't physically able to peer directly into the microscope, so he uses a prism attachment that projects the image to his eye level.)

He takes an exhaustive history on each patient; it's recorded in full on a wire recorder. But since he's not quite up to physical exams, he insists on a complete work-up and report by the referring physician.

nen-

like

vor,

aling eady

sant

need

ture,

z, and

J. S. A.

How do patients react to a physician who is thus handicapped? "Before beginning practice, this used to worry me a great deal," says Holbert. "Actually, it hasn't been a problem at all.

"Once in a while, a child will ask point-blank what's the matter with me, often embarrassing his mother much more than me. But I appreciate the child's natural curiosity, and try to explain my condition. After the first visit, there is absolutely no strain, even with children." He attributes this happy result to the absence of "the cold air of clinical efficiency" that besets some other medical offices.

When visiting a disabled doctor, many patients seem to place more than ordinary faith in his ability. At least that's the Holbert finding. "Perhaps," he adds, "they think that because my activities are so restricted, I devote twenty-four hours a day to the study of allergy and therefore, must know all there is to know about it."

Income From Trust

Even at home in his iron lung Dunc Holbert pursues his profession al career. He regularly reads 35 mm. X-ray films for the county TB association. These are projected for him by his wife, Peggy, so that he can study them in a mirror. Through this activity, he has supplemented his income from practice, enabling him to ease up on the drawing account that fellow members of the Santa Cruz County Medical Society established for him shortly after he became ill. (Their voluntary contributions, plus a gift from the California Medical Association, were set up as a trust fund. From this, he received \$250 a month until just recently, when he asked that the aid be cut in half.)

How did Holbert prepare himself for this fortitudinous type of practice? Thinking it over during sleepless nights and restless days in the iron lung, he hit on allergy as a likely specialty for an immobilized doc-

Fellows Chloral Hydrate CAPSULES

NON-BARBITURATE NON-CUMULATIVE TASTELESS ODORLESS

33/4 gr.

Daytime sedation—
without hangover

7'/2 gr.
Restful sleep - without hangover

R – specify Fellows for the original, stable, hermetically sealed soft gelatin capsules Chloral Hydrate.

Available - 3³4 gr. (0.25 Gm.) bottles at 24's and 100's.
71'z gr. (0.5 Gm.) bottles at 50's

Samples and literature on request

pharmaceuticals since 1866

4 Christopher Street New York 14 N. Y







tor. For months thereafter, he relates. "I studied from cover to cover all the standard textbooks and all the bound volumes of The Journal of Allergy and The Annals of Allergy."

Following this book work, he was moved in his iron lung by truck to San Francisco. During the daytime, for several weeks, he studied as a wheelchair student in the allergy clinic at the University of California Hospital; at night he rested in the iron lung.

His preparation for X-ray film reading was equally intense. Before becoming disabled, he had been a resident physician at the Monterey County tuberculosis sanitarium. Later, when bedridden, he arranged refresher work with staff radiologists in hospitals where he was being treated. After being checked on 3,000 or more films himself, he applied for the film reading required by the local TB association, and got the job.

How Neighbors Helped

Dunc Holbert owes his comeback not only to his own spirit and to his professional colleagues, but also to his friends and neighbors in Santa Cruz. Look magazine, which recently told the Holbert story in an article entitled, "Is There a Braver Man Alive?" adds some details on this score:

There were five Holbert children in October, 1949, when their father, the doctor, came down with polio. A neighbor immediately took three of them into her own home to live. Then, as Look relates:

"When Dunc returned from the hospital, the whole town of Santa Cruz made the Holberts' problems its problems. The hospital loaned its only iron lung, gambling that it could acquire another from San Francisco before a new emergency arose. The fire department went on a 24-hour emergency alert in case of power failure-an alert which has lasted two years and saved Dunc's life last year. When a storm disrupted power, firemen manned a hand pump on his iron lung until the break was repaired.

"When water therapy was prescribed for Dunc, the Holbert neighbors foraged materials and built a tank. The local merchants and the carpenters' union combined to build a room in which to house the tank. Dunc has [since] invited polio patients from all over the county to make use of the tank, and six now take treatments there regularly."

Today Dunc Holbert is living a useful professional life-and, in his spare time, enjoying the diversions that many another M.D. enjoys. He takes photographs with a special camera (it has a chin-operated shutter); he reads to his children (with the aid of an automatic page-turning device); he even plays a bit of poker (his male nurse holds the cards).

A disabled doctor? Not to his way of thinking. And a man's way of thinking, as the Holbert story attests, is the all-determining factor.

END

100% MEAT, ready-to-serve



Big new 12-ounce size



All nutritional statements in this advertisement accepted by the Council on Foods and Nutrition of the American Medical Association.

7 VARIETIES:

Beef, Lamb, Pork, Veal, Liver, Heart, Liver and Bacon

NOW!

For high-protein special diets!

More palatable to patients! Good food plays a psychologically important part in aiding recovery. And meat is one of man's most appetizing and satisfying foods.

Swift's Strained Meats. That's why more and more physicians recommend Swift's Strained Meats as the protein supplementation in soft diets. To meet the increasing demand, these meats are now available in a new 12-oz. institutional-size can.

High in protein, low in fot. Swift's Strained Meats offer an excellent source of biologically valuable proteins, B vitamins and food iron. They are widely used for ulcer management, geriatrics feeding, pre- and post-operative care.

Cut labor costs. Ready-to-serve, Swift's Strained Meats save time and cut costs in your special diet kitchen. Send in coupon below for complete information on uses and costs.

SWIFT & COMPANY

Swift & Company	Send for free Booklet
Dept. RL Chicago 9, Illinois	Name
Send me the free	Hospital or Institution
costs of Swift's Strained Meats in the new 12-	Address

City.

ounce institutional size.

Not three...but Four

Four factors are now recognized in the treatment of peptic ulcer...

- Neutralizing hyperacidity. KOLANTYL includes a superior antacid combination (magnesium oxide and aluminum hydroxide, also a specific antipeptic) for two-way, balanced antacid activity.
- Protecting the crater. KOLANTYL includes a superior demulcent (methylcellulose, a synthetic mucin) which forms a protective coating over the ulcerated mucosa.
- Blocking spasm. KOLANTYL includes a superior antispasmodic (Bentyl) which provides direct smooth-muscle and parasympathetic-depressant qualities . . . without "belladonna backfire."



Inactivation of lysozyme... with a proven antilysozyme, sodium lauryl sulfate. Laboratory research 1.2.3 and clinical results indicate that the enzyme lysozyme is one of the etiologic agents of peptic ulcer. By inhibiting or inactivating lysozyme, KOLANTYL—and only KOLANTYL—provides the important 4th factor toward more complete control of peptic ulcer.

Another product of research by



DOSAGE: Two tablets every three hours as needed for relief. Mildly minted, Kolantyl tablets may be chewed or swallowed with ease.

Proscription pharmacoutlesis for 125 years New York + CINCINNATI + St. Thomas, Ont.

Meyer, K. et al. Am. J. Med. 5:402, 1940.
 Wang, K. J. and Grassman, M. I. Am. J. Phys. 155:476, 1948.
 Grass, W. J. Am. J. Med. Sc. 217:241, 1949.
 Hufferd, A. R. Rev. of Gastroenserology, 10:500, 1951.

Trademarks "Koluntyl," "Bentyl"

How to 'Tax-Shelter' Your Investments

Why let income taxes eat up the yield on your capital? There ARE ways of holding on to some of that money

or

le,

le-

lic

22

ne.

cal

gic

ne.

ant

irs as

ablets

217:241,1949. yl," "Bentyl" "There goes another six weeks of my life," thought Dr. Stanley Otis, as he mailed his quarterly Federal income tax payment.

"Come to think of it," he mused, "suppose I'm fortunate enough to net \$20,000 a year for the next twenty-five years. At present rates, I'll have to pay the Government—let's see—about \$200,000 in income taxes." He shrugged, disconsolately.

That evening, his host at dinner, Dr. Homer Fisher, asked casually, "Do you realize that this steak is worth \$1,000?"

Otis smiled grimly. "I always thought that ranch of yours was an expensive hobby."

"Oh, no!" Fisher chuckled. "The steak represents a tax saving of \$1,000."

As Otis stared at him, puzzled, he went on:

"Nothing mysterious about it. Three years ago, instead of buying stocks for dividends or buying real estate for rental income, I invested in a ranch and a herd of cattle. With a little encouragement, the cattle multiplied. Now I've just sold part of the expanded herd, and the difference between my expenses and the selling price is a long-term capital gain. This, as you know, is taxable at only 26 per cent, as against the 59 per cent tax I pay on personal income. So I figure that in taxes alone I've made \$1,000 on the deal."

"Sounds interesting," said Otis. "I was brooding about taxes only this morning."

"Don't we all? Nowadays, when they're so high, a doctor with money to invest can't help being aware of the tax impact on his investment." Fisher shook his head. "But I've found, as you see, one way to lighten the burden. I mean, of course, by looking for 'tax-sheltered' investments."

*This is the first of several articles on tax-sheltered investments by Mr. Casey, who is co-author, with J. K. Lasser, of a recently published reBy William J. Casey search study of the subject. Later articles will discuss in more detail aspects of tax-sheltering that should appeal especially to physicians.

in ARTHRITIS and allied disorders

BUTAZOLIDIN

grand of phenylbutazone

New...
Non-Hormonal...
Orally Effective...
Synthetic

for relief of pain plus improvement of function

Now available on prescription, BUTAZOLIBIN is a new and potent agent that has yielded outstandingly favorable results in arthritis and other painful musculoskeletal disorders.

On the basis of the first national reports1-4 BUTAZOLIDIN:

- Produces therapeutic benefit in virtually all forms of arthritis and allied disorders such as bursitis and fibrositis.
- Effectively relieves pain in approximately 75 per cent of nongouty cases and in almost 100 per cent of cases of acute gout.
- Affords functional improvement ranging up to complete remission in a substantial proportion of treated cases.

A totally new synthetic, BUTAZOLIDIN is chemically unrelated to the ateroid hormones. It is orally effective and seldom produces toxic reaction of a serious character. Moderate in cost, BUTAZOL-IDIN may be prescribed even for patients of limited means.

Diblingraph

*U. S. PAT. NO. 2,542,830

 Kunell, W. C.; Scheffzrick, R. W.; Brown, B., and Mankle, E. A.; Phenythenason (Butanolide) in Rhemmatch Arthritis and Gout, J.A.M., 19-0729 (June 21) 1982.
 Steinbrecker, O.; Berkowitz, S.; Carp, S.; Ehrlich, M., and Elkind, M.; Therapeuti Observations on Butanolidia (Phonylhoisason) in Some Arthritides and Related Conditions. Paper read before the Amusal Mesting of the American Elementism Association Chicago, III., June 6, 1992.

 Freyberg, R.; Kidd, E. C., and Boyce, K. C.: Studies of Busasolidin and Butapyrin in Patients with Rheumatic Diseases. Paper read before the Annual Meeting of the American Rheumatium Association, Chicago, Ill., June 6, 1982.

8. Kusell, W. C., and Schaffersick, R. W.: Phonylbutasone (Butasolidin) and Butapyrin in Arthritis and Gout, Paper read before the California Medical Association Meeting in Las Assells. April 20, 1962.



In order to ensure optimal results and to avoid untoward reactions, physicians are urged to send for the BUTAZOLIDIN brochure or to read the package virtular carefully before prescribing.

GEIGY PHARMACEUTICALS

Division of Geigy Company Inc. 220 Church Street New York 13 New Yor

"That sounds like banker's talk," said Dr. Otis. "Just what do you mean?"

Dr. Fisher thought for a moment. Then, selecting his words with care, he said:

"Tax-sheltered is a term applied to any investment that legally provides income, or a profit, in such a way that payment of taxes on the return is avoided or greatly reduced."

"Like your ranch?"

"Yes, or tax-exempt bonds, or shares in mutual funds, or any one of a number of things. Several types of investment have the tax-shelter feature." He hesitated. "You know," he said, "I think maybe you ought to talk to Tom Finley. Finley's the investment consultant who advised me to buy the ranch. He's been specializing in tax-sheltered investments for several years. Here—let me give you his address."

A Visit to Finley

Next day, Dr. Otis called on the consultant and outlined his problem to him in these words:

"I'm worried about my financial future. Taxes are biting deep into my personal income and also into the dividends from my investments. So I'm having a hard time building up a reserve for family protection and retirement.

"I'll pay all the legal taxes I must; but I'm damned if I want to pay a cent more than absolutely necessary! Dr. Fisher told me about the advice you gave him. Can you explain taxsheltered investments to me and show how they can help me save some money?"

"Gladly," said Finley. "But first I'd better mention the element of risk. In most of what I'll say today, I won't talk about specific risks. I'm not ignoring them, mind you, but I'll discuss them later when we take up particular problems.

"Let me say right now, though, that tax-shelter doesn't reduce the factor of risk in any investment. On the contrary, there are many cases where attractive tax features in an investment may make it more, rather than less, risky."

He pulled a long sheet of paper out of a desk drawer and handed it to his visitor. "Here's a breakdown of some of the things that tax-sheltered investments can do for you," he said. "Suppose you look it over."

What They Can Do

The doctor read the breakdown with care. Here's what he learned from it:

1. Tax-sheltered investments can bring you tax-free income. This is true, for example, of tax-exempt bonds. Certain stocks also pay tax-free dividends. And life insurance, when paid to heirs, provides tax-free income for them, if not for you.

2. Tax-sheltered investments can build up your capital at low tax rates. Owning income-producing buildings, for instance, allows the doctor-investor to deduct depreciation of the property from income. Such investments often have an additional attraction for investment-

when healing lags...



Chloresium*

brand of water-soluble chlorophyll derivatives ointment - solution (plain)

In ulcers, wounds, burns and dermatoses,
CHLORESIUM OINTMENT and SOLUTION (Plain)
promote normal tissue repair, relieve itching
and irritation, and deodorize malodorous lesions.



Mount Vernon, New York

minded medical men as property values improve. Repairs, which can be made with tax-deductible dollars, also build up values.

This appreciation, of course, enjoys tax shelter because it becomes tangible only when the property is sold. Then it becomes a capital gain, taxable at the lower capital gains rate.

 Tax-sheltered investments can create and hold capital gains while you select the most advantageous tax timetable for cashing them in.

This is a particularly useful feature for doctors. It allows them to choose low income years in which to take profits earned.

Breeding a herd of cattle is an example. Here time, nature, and good management work in unison. The cattle grow and multiply. They can be sold after a few years or held to breed more stock for a longer-term gain. Thus you can pick a time for sale that best suits your tax situation.

This tax-shelter device should interest the older medical man who wants to taper off his practice by taking longer vacations and working fewer hours.

4. Tax-sheltered investments can help build your capital by making tax dollars do "double duty."

In certain enterprises, the expenses of development and discovery can be charged off against income when the venture gets into the black. This offers a definite tax-shelter advantage to the doctor-investor who is willing to take a

chance. But he must, at this point, weigh the pros and cons of speculation.

Suppose, with a full knowledge of the risks involved, you join in putting up money to finance exploration for an oil-well site. Two or three drilling attempts end in expensive failure; but the fourth leads to the discovery of a profitable gusher. Tax regulations will then allow you to deduct the expenses of your unsuccessful attempts—plus the cost of drilling your successful well.

The result is a return to you (instead of to the Government) of money sunk in dry holes. You are allowed to recoup a good part of your original investment.

The Government also lets you deduct a percentage of income for "depletion." This acts (like depreciation in real estate operations) to reduce your taxes and boost your capital gains. But, again, remember the risk in such an undertaking. Only you can decide whether that risk is worth assuming.

What's Your Goal?

Dr. Otis handed the paper back to Finley. "It certainly covers a lot of territory," he said.

"Yes," agreed Finley, "but the doctor who's considering tax-sheltered investments should begin by getting a clear view of the broad over-all picture. Your choice of investment then depends on the goal you want to head for. And that depends on certain basic considerations: the nature and stability of

In Hypochromic Anemia if at first you would succeed PRESCRIBE OVOFERRIN

With Ovoferrin you may avoid
the intolerance and side effects that so
often interfere with successful iron therapy. In
colloidal form, Ovoferrin provides the essential
iron without the irritating properties so common to
ionized iron preparations. To assure initial
success prescribe Ovoferrin—

the build-up without a let-down

R MAINTENANCE DOSAGE

FOR ADULTS AND CHIL-DREN: One teaspoonful 2 or 3 times a day in water or milk.

THERAPEUTIC

ADULTS: One tablespoonful 3 or 4 times daily in water or milk. CHILDREN: One to 2 teaspoonfuls 4 times daily in water or milk.

Proven effectiveness . Established tolerance



Made only by the

A. C. BARNES COMPANY . NEW BRUNSWICK, N. J.

"Ovoforrin" is a registered trademark, the property of A. C. Barnes Combany

your practice, your other investments, insurance and savings, longterm family obligations, age, retirement plans, health-even your personality."

"Well, now, can you give me a bird's-eve view of the personal goals that tax-sheltered investments could

help me achieve?"

Finley leaned back in his chair and pondered the question. Then he picked up a pencil and scribbled out some notes that added up to the

following:

1. If your goal is safety of principal, consider tax-exempt securities. Income from bonds issued by states, cities, counties, and so on is not subject to Federal income taxes. Outside of U.S. Government bonds, such securities probably have the best safety record of all classes of investments. The tax-free interest paid by these bonds often leaves the doctor who holds them with a better net return than the higher, beforetaxes yield of many good common stocks.

Take, for instance, a doctor with a taxable net income of \$20,000 (which puts him in the 59 per cent tax bracket). He would have to realize a 7.3 per cent yield from a taxable security to equal the 3 per cent tax-free yield from a tax-exempt bond.

Minus the freedom from tax, but almost equal in the safety factor, are convertible bonds and common stock warrants. They have obvious advantages that will be discussed in detail at a later time.

2. If your goal is maximum capi-



even Pessimistic Pete can be a "regular guy" with SARAK

> for the physiological correction of constipation

SARAKA Granules have proved their value over the years in helping make "regular guys" of constipated patients. The vegetable hydrogel. bassorin, provides soft, moist bulk while cortex frangula gently stimulates the atonic bowel. Even pessimistic patients who are resigned to being chronically constipated respond to the SARAKA combination of bulk plus motility that produces effortless elimination and satisfying daily regularity.

·SARAKA Granules (with cortex frangula)

· SARAKA-B Granules (without cortex frangula)

· SARAKA-D Granules (sugarfree)

Send for free clinical supply. union pharmaceutical co., inc. Montclair, New Jersey



If Anemia Therapy Is to Be More Effective It . . .

"...should provide an abundance of those articles which, according to clinical experience and animal experiment, have been shown best to promote regeneration of blood..."

"...should include in adequate amounts all essential nutritive elements..."²

HEPTUNA PLUS provides Ferrous Sulfate, Vitamin B_{12} , Folic Acid, Ascorbic Acid, and all other Vitamins, Minerals, and Trace Elements known to promote and maintain optimal hemopoiesis and hemoglobin regeneration.

HEPTUNA PLUS supplies balanced amounts of Vitamins, Minerals, and Trace Elements to assure adequate intake of essential nutrients.

 McLester, J. S.: Nutrition and Diet in Health and Disease. Ed. 5. (Philadelphia: W. B. Saunders and Co.) 1949, p. 636.
 1849.

Heptuna plus

A MORE COMPLETE HEMATINIC

J. B. ROERIG AND COMPANY, 534 LARE SHORE BRIVE, CHICAGO II, ILL. PERROUS SULFATE U.S.P. 4.5 gr.

VITAMIN B12 5.0 meg.

FOLIC ACID 0.33 mg.

ASCORBIC ACID 50.0 mg.

COBALT 0.1 mg.

COPPER 1 mg.

MOLYBDENUM 0.2 mg.

CALCIUM 37.4 mg.

MOINE 0.85 mg.

MARGAMESE 0.033 mg.

MAGNESIUM 2 mg.

PHOSPHORUS 29.0 mg.

PHOSPHORUS 29.0 mg.

VITAMIN A 5,000 u.S.P. units

VITAMIN D 5.00 u.S.P. units

VITAMIN D 5.0

tal gains, consider investing in oil, cattle, and similar operations.

In the case of cattle breeding, for example, you can take advantage of depreciation allowances and natural growth; and, as we've seen, you can control the time of sale for best net tax results. Oil operations offer parallel advantages.

This kind of investment has the tax-shelter feature of using dollars that you might otherwise have to pay out as taxes—using them to build up your total capital gain, when you choose to take it.

3. If your goal is appreciation of capital value (for retirement, perhaps, or family security), consider insurance, timber, cattle, citrus groves, or real estate, with income applied to retire the mortgage debt.

There are substantial tax-shelter features to all such investments. (With the exception of insurance, too, all enjoy some depreciation allowance feature. And insurance, of course, provides tax-free income for your beneficiaries.)

Increases in value can be kept on the books and thus "tax-sheltered." The final "cashing in" can come at the doctor's option, at a time and in a form best suited to his or his family's tax situation.

For instance, you might decide to sell some real estate after your retirement from active practice. You could then arrange to be paid in several yearly installments. This would probably keep the capital gains tax at its minimum percentage.

When Dr. Otis finished reading

what Finley had written, the investment consultant said: "Since this is your first look at the tax-sheltered investment field, I'd like to say a few words of caution before we go any further.

"Tax-exempt securities have been in great demand. This also applies to ranches, farms, income-bearing real estate, and the other types of investment that we've touched on today. Don't forget that the tax appeal of an investment will, to some extent, be reflected in its price.

"In short, there are two errors you must guard against:

"1. Paying too much for the investment.

"2. Selecting it without expert and impartial advice."

He smiled. "My final advice, Dr. Otis, is just this: Go slow. We've barely hit the high spots of our subject so far. It's a broad field, and I suggest that you do a lot of hardheaded thinking before you leap into it."



"Didn't you even get his license number . . . ?"

Doctor, Stop Killing Yourself!

Heart attack need not be partial to M.D.'s—if they practice what they preach

• "I wish you'd talk some sense into Bill," the wife of a colleague said to me about a year ago. "He's killing himself with overwork. I can't understand why you doctors mistreat your bodies so. Do you think you have extra-special, twelve-cylinder hearts?"

She had good reason to be apprehensive: Her doctor-husband died of a coronary occlusion two months later, at the age of 49.

I had tried to talk sense into Bill, following his wife's plea. But I'd talked it at him. Unfortunately, I couldn't talk it into him. For we doctors are a willful, stubborn lot—especially when another M.D. tries to get us to change our way of life.

I remember another physician who, like Bill, was a work horse. One day, while sitting in a barber's chair, he suddenly felt weak and vomited. Then he began to perspire profusely, and experienced a constricting, lower sternal pain.

"This is it, boys," he was heard to mumble as they trundled him out on a stretcher. But the "it" wasn't the coronary attack he suspected. X-rays, confirmed by an operation, showed that his gall bladder was a miniature stone quarry.

That was five years ago. Since then, he has had periodic electrocardiograms, all of which have been negative. His wife still talks about the change for the better that has come over him.

"We never used to go on a vacation," she says. "Now we take two weeks, summer and winter. And Don takes off one or two afternoons a week. He has time for me and for the children. All I can say is, thank God for that gall bladder attack."

Most of us get no such warning. And we shouldn't need one. For, as every doctor knows, coronary artery disease seems to have a predilection for the man in white. Heart disease mortality among physicians, says Statistician Louis Dublin in his recent book, "The Facts of Life," is "nearly one-fifth higher" than that of all whites in comparable age groups.

Nevertheless, we keep setting our patients poor examples in the art of living. I recall dismissing a coronary patient, a number of years ago, with this pronunciamento: "By all means,

By Peter J. Steincrohn, M.D.

A DECADE OF WIDE CLINICAL USE HAS PROVED THE EFFICACY OF

TARBONIS°

In

ECZEMA

chronic, varicose, vesicular, nummular, palmar, infantile, intertrigo

DERMATITIS

herpetiformis, mycotic, lichenified, seborrheic

PRURITUS

ani, vulvae, senilis

In psoriasis and indolent ulcers Tarbonis is a valuable aid

In many occupationel skin affections, again so frequently seen, it has shown highly gratifying results. A unique tar extract—develloped by a process distinctly its

All the therapeutic properties of tar, free from its undesirable features...

Greaseless, non-staining, nonsoiling, non-irritant, pleasantly scented . . .

In a vanishing-type cream which leaves no trace on application . . .

Acceptable to the most fastidious patient.

Available in 21/4 oz., 8 oz., 1 lb., and 6 lb. jars.

THE TARBONIS COMPANY

4300 Euclid Avenue Cleveland 3, Ohio

	RBONIS CO., Dept. ME-10 id Ave., Cleveland 3, Ohio
	nd me a sample of Tarboni
rou may se	
Tou may se	М.Г

ted. ion, as a

etroeen oout has

two And oons I for

ing. r, as

etion ease says re-

," is that age

our

rt of nary with

M.D.

a Gel with applicator for simple, dependable contraception

Ineceptin'

with measured-dose applicator

requires no diaphragm

effective
well tolerated
esthetically acceptable

PRECEPTIN vaginal gel contains the active spermicidal agents p-Diisobutylphenoxypolyethoxyethanol and ricinoleic acid in a synthetic base buffered at pH 4.5.





for the diaphragm method with the most widely

prescribed vaginal jelly and cream

these attractive, durable, "Lumite" woven plastic zipper kits

Ortho® White Kit

Critic-Gyaot® vapinal july (regular size tube)
Orthe® Crame vapinal cream (trial size tube)
Orthe®-White Diaphragm (flat spring)
35 mm, to 95 mm.



Ortho Kit®

contents:
Ortho-Gynol vaginal jelly (regular size tube)
Ortho Creme vaginal creme (trial size tube)
Ortho® Disphragm (cell spring)
Ortho® Disphragm Introducer

95 mm.

Ortho-Gyani vaginal faity — ricinalaic acid 0.75%, baric acid 3.0%, exyquinaline sulphate 0.025%, p-Disabutylphanaxy-palyethaxyethaxal 1.00%.

Orthe Crame veginal creem - ricinelaic acid 0.75%, baric acid 2.0%, sedium lauryi sulphate 0.28%.

Ortho Pharmaceutical Corporation · Raritan, New Jersey

take time to eat leisurely. Plan at least an hour for lunch. And no stale cheese sandwiches nibbled in your office. A desk top is for writing—not for eating."

The patient left. But a few minutes later he popped his head through the door to ask a question—and caught me in the act: munching on a stale cheese sandwich. I almost choked. All I could do was to quote lamely the old bromide, "Do as I say, not as I do."

I have never had to dispense that hypocrisy since.

Some doctors—those, for instance, who practice in places cut off from other medical aid—can't very well ease up, of course. But few of us are that indispensable. There usually is a young colleague or two willing to relieve us of excessive burdens.

Yet, every so often you hear a doctor say: "I never take a vacation because I owe it to my patients to be handy twenty-four hours a day, 365 days a year." Either that doctor has an oversized egotistical bump, or he's plain scared of losing patients during his absence.

In other words, the doctor who brags about not having had a vacation for years is either a fool or overly anxious and avaricious. What's more, he's not being honest with himself.

How About You?

Are you being honest with yourself? Do you ask yourself the same kind of questions you ask your patients, and then answer them objectively and truthfully? For instance, how about these:

How many hours of work do you average a day?

Do you see patients by appointment, or do you let your waiting room become overfilled, with the resulting tension that comes from a continual push against time?

Do you take at least an hour for lunch-outside your office?

Do you have evening office hours when they're not really necessary?

Do you rush out to play golf or tennis when dog-tired?

How much sleep do you get? Are you building up a chronic weariness from only five or six hours, night after night?

Are you a human smokestack? How many cigars, pipes, or cigarettes do you consume a day?

Do you limit yourself to an ounce or two of alcohol before dinner? Or do you habitually rely on four to six ounces every day to dispel exhaustion?

Are you overweight? If so, what are you doing about it?

If you're one of the thousands of physicians who day after day are shouldering a heartbreaking load, you owe it to yourself to take every possible means of lightening that load. When your practice becomes overburdensome, better limit its size—or take in a partner.

After all, the modern doctor should be able to face up to his patient and say (without any hint of hypocrisy): "Stop killing yourself. Do as I say and as I do."



EUPHASED

[4-DESOXYEPHEDRINE HYDROCHLORIDE AND ACETYLBROMDIETHYLACETYLCARBAMID SCHENLEY]



combines mood-lifting desoxyephedrine (more potent but less upsetting than amphetamine) with gentle, calming Sedamyl* (not a barbiturate)

SUPPLIED: In bottles of 100 tablets. Each tablet contains:

2.5 mg. d-desoxyephedrine hydrochloride 0.26 Gm (4 gr.) Sedamyl (acetylbromdiethylacetylcarbamid Schenley).

1. Douglas, H. S.: West. J. Surg. 59:236, 1951

schenley

SCHENLEY LABORATORIES, INC. Lawrenceburg, Indiana

Schenley Loboratories, lac

"Tandament of Crhaniau Inhonestories In

Watch the Mutual Funds as a Guide?

Should the doctor-investor base his moves on theirs?

Or should he join the rush to bet money on Canada?

How does the stock market react in an election year?

Here are answers to several such investment questions

 Can a busy physician—one who hasn't much time to study financial news—safely base his investment program on what the large mutual funds are buying and selling?

These investment pools regularly report to shareholders their purchases and sales of securities. Many of them also release such information to the financial press and to news syndicates. Often, the newspapers—especially those with detailed financial sections—print this news.

Surely, you might say, reports of securities that these giants buy and sell should give you the end result of the research and investment policy of the smartest investment brains in the country. Why not take it easy and let the other fellow do all the work—all the selecting and all the eliminating?

It's not that simple.

True, some mutual funds are guided by astute investment managers. They're responsible for investing many billions of the public's dollars. The average mutual fund has a large staff of research specialists who study all the influences that from day to day affect industries and securities. Field men are sent out to inspect the plants of individual companies and to interview management. And the fund makes periodic reports of its activities.

But there is another side of the coin.

For one thing, when a mutual fund sells a stock (either all its holding of that stock or part of it) the sale does not necessarily denote loss of confidence in the stock. The sale may be made simply to maintain proper diversification of the fund's total holdings.

For example, the policy of the fund may call for investment of, say, 8 per cent of all its money in stocks

By Raymond Trigger *The author is the editor of Investor magazine.

ne.

the <u>ultimate</u> in vitamins-minerals

vi-aquamin

Another great nutritional milestone achieved b

aqueous single-capsule

o make their temperature and their temperatu

U S

Consider States September 1992 (1992)



of public utility companies. Maybe, through various purchases and sales, it finds one day that 9.5 per cent of its money is in utilities. So it lightens up on that part of the portfolio. The sale of the utility stocks has no further significance at all.

Another point: The doctor who's been searching for an easy road to successful investing must realize that the investment objectives of various mutual funds differ. Some aim at high income, some at fat profits, others at safety. A stock that's a "sale" for one fund at a given time may very well be—and often is—a "buy" for another.

And, finally, mutual funds don't report the names of stocks and bonds they buy or sell at the time of the transactions. Shareholders learn about them anywhere from a few weeks to a few months later. So even if a stock is sold because the mutual fund thinks it has gone sour, the situation may be far different by the time the individual investor learns of the sale.

As a matter of general information, it's interesting to read about what the mutual funds have bought and sold. But as a "system" for investing—well, better not.

'Splits' a Bad Omen?

"To what extent," a doctor-investor asked me recently, "does the widespread practice of stock splits in recent months indicate that something's up? Do the holders of large amounts of stock want prices lowered (as they are by a split) so that they can unload before the arrival of a severe decline and depression?"

The doctor has a long memory, perhaps. It's true that before the regulation of security markets began in 1932, stocks were often "split" for unloading purposes.

Here's how the split works: If a company has 100,000 shares in the hands of the public, and the market price is 80, the management can, if it wants, make a four-for-one split. This means that every stockholder will receive, without cost, three extra shares for every one he owns. Since the market appraisal of the company must now be divided into 400,000 shares instead of 100,000, the market price immediately after the split drops to about 20.

Now, it's much easier to sell stock at 20 than at 80—not only because round lots (100-share units) are cheaper to acquire, but because the public likes low-priced stocks. (Even



corrects chronic constipation with no side effects

case of R. I. F 54

Marked, prolonged constipation and obesity of life-long duration. (History of domestic problems and catharticaddiction.)



mighty A.T.&T., with more shareholders than any other corporation in America, was last month reported to be considering a split.) Thus, when a group of larger holders plan to unload, a stock split eases the way.

Today, however, the Securities and Exchange Commission keeps an eagle eye out for nefarious practices; and also—though some may disagree with this—the morality of business is higher than it was twenty-odd years ago.

The vast majority of splits today are made for any or all of the following three reasons:

 To reduce the price of the stock so that, as indicated above, the small investor can buy round lots (at lower commission rates) instead of odd lots;

To pave the way for the sale of additional securities to the public (not as a "sellout" but for expansion purposes);

 Pride, plus awareness of the importance of widespread company ownership.

Up or Down?

Wall Street analysts and marketletter writers are being besieged with questions about what the stock market will do in the event of a Republican victory this November.

The true answer is, of course, that nobody knows. If there's any *special* answer you'd like, you can certainly find it in the welter of conflicting opinions.

But you can, if you like, examine

precedent. There you will find these two facts:

¶ In Presidential election years, stock prices tend to go up. In this century, there have been only two exceptions—1920 and 1932.

When they go up, they travel further after a Republican victory.

This is not a prediction.

What About Canada?

No matter what magazine or newspaper you pick up these days, you'll find enthusiastic stories about Canadian industrial growth. Most of these stories are built around the fantastic oil discoveries in the West. For a physician willing to take a chance, what are the odds on making a killing in Canadian oil stock promotions?

First of all, pay no attention to extravagant statements made through the mails, or via long-distance phone, by a handful of Toronto brokers. Most Canadian investment dealers are thoroughly reliable But consult your own dealer or



broker or bank first, before risking money with strangers, no matter how alluring the spiel.

Be especially wary of those who urge immediate action. Let's face the fact: Doctors have long been thought of as perfect candidates for the "sucker" list.

As for the chance of handsome profits in sound Canadian speculations or investments:

Yes, Canada is young and rich. It has a feet-on-the-ground government. Its natural resources of oil, iron, chemicals, timber, and other commodities offer untold possibilities for future growth and profit. But the market prices of many Canadian stocks may already have anticipated much of that growth for years ahead.

Here's a valuable word of caution from Walter Gutman, a top-notch Wall Street observer: "Canada has been over-romanticized... Canada has one weakness: lack of people. It has the assets to support a huge population, but it has only the population of a small country.

"Obviously, the oil, gas, and metals that are back of the great stock market boom must be exported; and just as obviously, foreign customers will try to buy these materials cheaply. Sober analysis of some Canadian oil and metal equities indicates that they're now selling in the dream state. Some of the dreams will come true; but others won't."

Indeed, Gutman concludes, "So much American money has been drawn into the Canadian boom that there is even a danger of a crack in the Canadian market that will induce selling here."



"Nonsense, Frobisher! That boy needs a craniotomy like he needs a hole in the head!"

Collects overdue Accounts

at Cost of 2% or Less
Cost GUARANTEED not over 10% - NO-RISK Offer

Keeps good will

ntiess: to

nall

eat

ign

na-

of

ui-

ell-

the

ers

So

en

nat

in

in-

ND

Since 1915, the Armstrong System has collected accounts for thousands of physicians. You simply mail a set of unusual printed forms to slow-pay patients. These forms bring in the cash from patients direct to you.

"sells patients a receipt"

This unique system, reinforced by the strength that a nationwide credit service gives, nevertheless sells the patient the advantages of keeping his credit good. Brings him in to make friendly payment.

MAKE THIS NO-RISK TEST

We'll notify the Armstrong dealer in your area to supply you. Mail forms out as directed. You will either receive cash totaling ten times the System's cost or our collection division will

collect difference free of charge thru our network covering U.S. and Canada, Simply mail us your letterhead or the coupon for full details,

<u>armstron</u>c

SYSTEM

101 Armstrong Bldg. MOBILE, ALABAMA



51996 settlements

"When we purchased your system we were skeptical. However, results first 6 months were as follows: Cash, \$1462.00; notes \$534.00—total \$1996.00. A number of these accounts we considered hopeless. Your service will do all you claim and more."—Drs. E.A. & C.F.M., OHIO



Since 1915 medical profession reports like these

USER 6 YEARS

"We—the S. L. Sanitarium, a 30bed hospital—and I have been using your system six years—find it excellent."—Dr. F. R., M.D., CALIFORNIA.

\$6,087.92 Settlements

"The first 25 days showed settlements made aggregating total of \$5,087.92 with cash in full or down payments."—Drs. H, S and A, M.D.s, ILLINOIS.

Week's Trial Satisfies

"I unhesitatingly recommend it to physicians as best means for making difficult collections without doing violence (as most other methods do) to professional ethics."

ethics."
—Dr. J.H.P., CONNECTICUT

No Offense

"We...collect long overdue accounts with little resistance and practically no offense to patients. Far superior." — Dr. P.H.K., M.D., MASSACHUSETTS

NO-RISK OFFER COUPON

THE ARMSTRONG SYSTEM
101 Armstrong Bldg., Mobile, Ala,

If on Pacific Coast mail to P. O. Box 268, Dept. 101, Monrovia, Calif.

Without obligation to me, furnish full information about the Armstrong System.

NAME

ADDRESS.....







WOR





emotional disturbances

pressure, diet, work, worry,
emotional disturbances, visceroneurosis
cause Nervous Indigestion ...

BENTYL gave gratifying to complete relief in 308 of 338 cases, yet

was ". . . virtually free from undesirable side effects."3

EACH CAPSULE OR TEASPOONFUL SYRUP CONTAINS:

Dosage—ADULTS: 2 capsules or 2 teaspoonfuls syrup 3 times daily, before or after meals. If necessary, repeat dose at bedtime. IN INFANT COLIC: ½ to 1 teaspoonful syrup 3 times daily before feeding.⁴

Another product of research by



Prescription phermaceuticals for 125 years New York o CINCINNATI o 5s. Thomas, Oct. 1. Hock, C. W. J. Mod. Assn. Ga. 40:22, 1951 o 2. Hufford, A. R.: J. Mich. St. Med. Soc. 49:1308, 1950 o 3. Chamberlin, D. T.: Gastroenterology 17:224, 1951 o 4. Pakuls, S. F.: Postgrad. Med. 11:123, 1952—Trade-mark "Bentyt" Hydrochloride





these is Gold Seal Nairn Static-Conductive Linoleum . . . the only linoleum in the world with the unusual property of dissipating static electricity which would otherwise present an explosion hazard!

In addition, Static-Conductive Linoleum delivers dura-

In addition, Static-Conductive Linoleum delivers durability and wear-resistance...true resilience... a sanitary, slip-resistant surface that's easy to maintain. AND the famous Gold Seal is your guarantee of complete satisfaction or your money back!

Get complete information from Contract Sales Department:

CONGOLEUM-NAIRN INC.

O KEARNY, F

Makers of Gold Seal Guaranteed Floor-Coverings



GOLD SEAL ASPHALT TILE GOLD SEAL VINYL INLAIDS GOLD SEAL NAIRN INLAID LINOLEUM

when the findings suggest GOUTY ARTHRITIS prescribe . . . OCYLATE colchicine

Specific in Diagnesis. "The symptomatic response of acute gouty arthritis to the use of colchicine is both dramatic and diagnostic."

1

Specific in Therapy. "The mainstay of treatment of acute gouty arthritis is still colchicine . . . "3

"Salicylates cause a maximum increase in the excretion of uric acid and give a satisfactory analgesic effect." 3

Specific in Prophylaxis, "Colchicine has a pre-eminent place also in the prophylaxis of acute gout . . ."3

Salicylates are advocated for routine use with colchicine between attacks of acute gouty arthritis.4 Each NESCYLATE" with columning Entab" contains:

Sodium Salicylate 0.25 Gm. (4	gr.)
Para-Aminobenzoic Acid 0.25 Gm. (4	gr.)
Ascorbic Acid	gr.)
Colchicine 0.25 mg. (1/250	gr.)

Supplied: Bottles of 200,500, and 1000 yellow, capsuleshaped tablets (enteric coated).

Also available: NEOCYLATE Entabs and Syrup NEOCYLATE (without colchicine).

1. Thorn, G. W., and Kendall, E., Jr.: in Harrison, T. R., editor: Principles of Internal Medicine, Philadelphia, The Blakiston Company, 1369, p. 697. 2. Guthan, A. B., et al.: Am. L. M., 9:799, 1950. 3. Myers, W. K.: Am. Practitioner 3:158, 1948. 4. Talbott, J. H.: GP 5:38, 1952.



15

ATTENT

LEUM

s like

operty erwise

dura-

nitary,

D the

tisfac-

TILE

NLAIDS NLAID

CENTRAL PHARMACAL CO., SEYMOUR . INDIANA Products Born of Continuous Research

a full-scale approach to lipotropic therapy



The Original CHOLINE-METHIONINE TABLET PLUS INOSITOL AND WITAMAN B

Atherosclerosis, cirrhosis of the liver, and fatty liver, once considered irreversible degenerative diseases, are now recognized as amenable to new therapeutic methods. Chief among these is the use of lipotropic agents.

CHOLIMETH* fortified...provides a potent combination of interrelated lipotropes for maximum benefit

in these disorders.

350 mg. CHOLINE BITARTRATE . . . supplying "the most effective lipotropic agent found to date . . . "

METHIONINE . . "a precursor for choline . . . apparently is necessary for the regeneration of cells."

100 mg. INOSITOL . . . "exerts a favorable effect on the lipotropic action of choline and its precursors";^a inositol and choline given together are more effective than either given alone.

VITAMIN B₁₂ (crystalline) . . . "one of many food factors essential to fat control"; appears necessary for transmethylation processes involved in synthesis of choline."

Literature on request SUPPLIED: Bottles of 100 and 500.

REFERENCES: 1. Morrison, L. M.: Ann. West. Med. & Surg. 4:665, 1950. 2. Editorial: J.A.M.A. 164:1566, 1950. 3. Weidlein, E. R. Jr.: The Biochemistry of Inositol, Bibliographic Series, Bull. No. 6, Mellon Institute, 1951. 4. Morrison, L. M.: J.A.M.A. 165:1232, 1951. 5. Editorial: South. M. J. 43:171, 1950. 6. Strength, D. R., et al.: J. Nutrition 45:329, 1951.

THE CENTRAL PHARMACAL CO. . SEYMOUR, INDIANA

Products Born of Continuous Research

An Experiment in Understanding

Unique exchange plan aids hard-pressed hospitals and helps young doctors learn the truth about America

• In Berlin, where ideological blast and counterblast create a propagandist's nightmare, a Herr Doktor of the Free University Medical School was talking with a bigframed, bespectacled visitor from the United States. He spoke of colleagues bewildered by the strident contradictory voices of western democracy, eastern communism, and die-hard nazism.

"I, too, was confused," he said.
"But no more, now that you, an
American doctor, have told me
what democracy really is like."

During the conversation, the visitor, Dr. Hilton S. Read, of Atlantic City, N.J., had been conscious of the murmur and shuffle of students in the corridor. He was thinking how those students, soon to take respected places in German society, had heard all their lives about America's "Wall Street warmongering, dollar diplomacy, and Coca Cola culture"—first from Hitler's crew, then from the Russians. The students must have become con-

fused no less than the Herr Doktor, he mused, notwithstanding the good works of the U.S. High Commissioner and his staff.

Turning to Mrs. Read, who had accompanied him on a State Department mission to inspect German medical schools, he said:

"Kathryn, just hearing about democracy isn't good enough. If German doctors could see it at work in America, they'd bring back a genuine understanding and appreciation of the American way. When they heard a Communist lie, they'd say: 'That isn't true about America; I was there.' And people would believe them."

That was eighteen months ago. Since then, with the Reads' help, twenty-six young German doctors—nineteen men and seven women—have seen democracy at work. They're serving exchange interneships in twelve New Jersey hospitals and one in Philadelphia. Thirty-

By Don Cameron

for the "I coughed all night" patient

Syrup SEDULON® 'Roche'



odd others are ready to replace them in November and fill vacancies in four more hospitals.

The doctors were hand-picked by their medical school deans and university rectors from the top 10 per cent of their graduating classes. Character and personality were considered carefully in the choosing. When their interneships are over, they'll all receive hospital and teaching appointments in Germany.

Read's inspired plan promises to flourish and expand. Its modest trial has scored a twofold success. New Jersey hospitals, left by the interne shortage with more than two-thirds of their 345 interneships vacant, are looking confidently toward Germany for limited but much-needed relief. And on both

ine

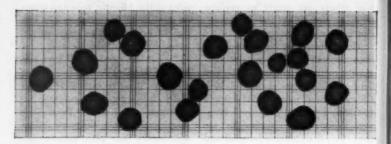
sides of the Atlantic, men and women are hailing the program as a farsighted experiment in international friendship and understanding.

"What we need now," says one hospital staff chief, "is forty-seven men like Read in forty-seven other states, following his example."

Hilton and Kathryn Read have shouldered most of the work and responsibility the plan entails. But they've had excellent cooperation from the State Department and from the High Commissioner for Germany (whose chief of educational and cultural relations happens to be Read's brother, James). German professors of medicine and staff members of American hospitals, too, have supported the plan with growing enthusiasm. [MORE-



"Lot of good it did me to argue with the patient over who owns the X-ray film. He got the biggest half."



when iron alone is not enough

To accelerate recovery in the treatment of microcytic hypochromic anemia, you will want to prescribe not only iron but all the elements known to be essential for the development and maturation of red blood cells. This is particularly true when the anemia is the result of blood loss. For prompt and effective hematinic therapy, consider the "Bemotinic" formula below.

each capsule contains:

Ferrous sulfate exsic. (3 gr.)				9	200.0 mg.
Vitamin B ₁₂ U.S.P. (crystalline)					. 10.0 meg.
Gastric mucosa (dried)					100.0 mg.
Desiccated liver substance, N.F.					100.0 mg.
Folic acid					. 0.67 mg.
Thiamine HCl (B ₁)		۰	0	9	. 10.0 mg.
Vitamin C (ascorbic acid)					. 50.0 mg.

I III

oon

e

th

to

te

le.

th see Th

for

In macrocytic hyperchromic anemias, "Bemotinic" will provide additional support to specific therapy, or may be used for maintenance once remission has been achieved. In many pernicious anemia patients there is need for iron because of a co-existent iron deficiency.

Suggested Dosage: One or two capsules (preferably taken after meals) three times daily, or as indicated. No. 340—Supplied in bottles of 100 and 1,000

Tor Just the right shade of red

"Bernothic C

C A P S U L F S

Ayerst, McKenna & Harrison Limited

New York, N. Y. - Montreal, Canada sass

"We're trying to do on a doctorto-doctor basis what red tape makes impractical at the governmental level," Read explains. "The operative machinery consists only of the hospital here, the school in Germany, and myself as middleman. Political clearances and the granting of visas are merely incidental to bringing the internes over; they don't touch the heart of the program."

Footing the Bill

will

r the

con-

ort to

eved.

istent

Besides having a high scholastic standing and a good personality, each exchange interne must speak English and be unmarried. The hospital taking him must contribute a lump sum of \$100 toward the expense of the program for a first interne and \$50 for each subsequent one. These contributions, as well as others from various sources, are made to the Ventnor Foundation, established by Dr. Read to handle the financing.

In addition, the hospital must advance round-trip ship or plane fare, to be deducted later from the interne's \$100-a-month stipend. This leaves him a net income of slightly more than a dollar a day.

The hospital also agrees to see that the young doctors visit American homes and generally get a cross-sectional view of American life. They are transported once to Philadelphia and once to Atlantic City for clinical and cultural weekends arranged by the Reads.

The first three months of the in-

ternes' fifteen-month stay serve as an orientation period. During that time they are under the preceptorship of junior staff members, residents, or American internes.

Doctors Get Dates

Nearly all the hospitals have more than lived up to their bargain, Read reports. Staff doctors, nurses, and even patients have entered into the spirit of the experiment. Invitations to dinners, parties, and holiday sightseeing trips are plentiful. At a Catholic hospital the sister director arranges dates for her two exchange internes with local girls.

One interne had a never-to-beforgotten first night in America. He found himself in sole charge of a busy dispensary, with eight accident cases on his hands, all in need of stitching. Because the German schools are long on academic education but short on practical training, he had never tied a suture in his life. By the next morning he was an exhausted, shaken, wild-eyed expert.

A few Jewish physicians displayed initial hostility toward the Germans. "But I think they've all been converted," says Read. "Often the Jewish doctor is among the first to welcome our exchangees."

In this connection, one German interne reported to Read: "There are three Jewish doctors at our hospital. When I saw their names I wondered, 'What will happen now?' But I need not have worried. For I have never been treated better by

why you should use 'Par-Pen' for upper respiratory tract infections

'Par-Pen' is a potent weapon against penicillin-susceptible bacteria—which almost invariably prolong and intensify colds of primarily virus origin—because it provides:

- 1. The potent local antibacterial action of 5,000 units of penicillin per cc.
- The rapid and prolonged shrinkage of 'Paredrine' Hydrobromide—the superior vasoconstrictor.



Par-Pen^{*}

for intranasal use

'PAR-PEN'—Crystalline potassium penicillin G, 5,000 units per cc.; Paredrine* Hydrobromide, 1%; in a specially buffered isotonic aqueous solution. Preserved with ortho-hydroxyphenylmercuric chloride, 1:50,000. Will maintain potency for one week at room temperature (not above 75°F.).

T.M. Reg. U.S. Pat. Off. for hydroxyamphetamine hydrobromide, S.K.F. †T.M. Reg. U.S.

Smith, Kline & French Laboratories, Philadelphia

anybody than by those three men."

What are the exchange internes like? Healthy, intelligent, and courteous, almost without exception. They're also anxious to please and eager to learn all they can about America and American medicine.

Most of the men were in the German army during the war. Dr. Heinz Silbersiepe, now at Atlantic City Hospital, spent three years in an English prison camp. Practically all of them, men and women, once belonged to Hitler Youth organizations, such membership being almost obligatory for youngsters of the Third Reich.

Having been restricted to onlook-

My chiragrophy's perfict!

 It's about time someone made a firm effort to dispel the notion that doctors have poor penmanship. This old fallacy has been worked pretty hard, and it's up to us physicians to set the misguided public straight.

Take my own handwriting, for example—a model of clarity, with big round loops above, long sweeping ones below, and a measured, almost musical cadence to the regular letters. To illustrate it, I've pulled a case record from my file at random—a pediatric case work-up. I wrote it in longhand some months ago, and I find it admirably legible today. Here it is, copied off exactly by my typist:

P.E.

tas-

nits

oro-

ouf-

on.

ху-

de,

po-

om

F.).

W.D. % W.N. White female infant who does not appear acculely or chinically ill. Hervic component is good, lurzor is good, there is no eminence of wasting.

Head: No erastises. Autorior finlandudle is open. No bulzinz. Ginetian rioble has theses lout slisus of entire scalp. There are many small (½ cm x ½ cm) erytiractius, roisul arcase on soalp. They are not flucunen. They are siluotel symnerlicilly and are infiminty adoue the hoii liii. Some are chilstisit and bzldpty of the fguewstli. I cnmnmne ptilefr ghuft tz blp Bzepldp?

Well, there you have it! Not perfect, of course; but who is? The point is, all you carping critics, could you do bettle?

-JOHN L. MEYER II, M.D.

DOUBLES THE POWER TO RESIST FOOD



Obocell . . . an effective therapeutic substitute for will power . . . suppresses bulk (hollow) hunger and curbs the appetite. Obocell also produces a feeling of well-being, thus combating the fatigue and irritability commonly encountered when food is restricted. Patients on Obocell therapy eat less, do not violate their diet, lose weight, and are satisfied and happy. Obocell LIQUID is also available for patients who prefer liquid medication.

A COMBINED HUNGER AND APPETITE DEPRESSANT OF COMBINED HUNGER AND APP

Each Obocell tabletcontains Dextro-Amphetamine Phosphate, 5mg.; Nicel, 150 mg. (Nicel is Irwin-Neisler's brand of high-viscosity methylcellulose).

IRWIN, NEISLER & COMPANY . DECATUR, ILLINOIS

Research to Serve Your Practice

ers' roles by their clinic chiefs in Germany, they're amazed at the authority and responsibility given the American interne. They're repeatedly surprised, too, by such unexpected discoveries as that babies born in American hospitals aren't usually breast-fed.

In the beginning they're apt to be inept, shy, and nervous. But confidence and skill come soon in most cases.

"We're proud of their records," says Dr. Read. "They've turned out to be good, able workers. Some of them are going to develop into exceptionally fine doctors and teachers—both of medicine and of the democratic way of life."

Seven women were in the original group; but few, if any, others will be brought over. "Women, however able, aren't at their best in such interneships," says Read. "They feel the pinch of a microscopic income more acutely than a man does. Sometimes there's the problem of finding suitable quarters. And you can't send a girl on an emergency ambulance run and expect her to tote a stretcher and do other heavy work a man would take in stride. These things explain why we had to coax some hospitals to accept the original seven."

Football Mystery

Remembering their part of the bargain, the internes are making a serious effort to understand America. Now and then it takes some doing, as when they were guests of the University of Pennsylvania at the William and Mary game in Philadelphia last fall. Sitting in the Virginia section of the stadium, the Germans solved the mystery of American football after a few plays. But it took them longer to recover from the shock of seeing Confederate flags and caps displayed with complete impunity by the southern rooters.

Despite their early indoctrination in the Nazi race myth, they seem to make many friends among members of American racial minorities. When Drs. Gunther Schaefer and Gerhard Paulisch got a six-day Christmas leave from St. Francis Hospital, Trenton, they made a 2,800-mile tour of Florida and the southeast with a Chinese interne who had borrowed a car. They found some aspects of Negro segregation disturbing. But they were happy to learn that Communist tales of wholesale lynchings and other atrocities were gross exaggerations.

Dr. Read takes time from a busy practice to visit his internes as often as he can. He sometimes passes the hat among doctors, friends, and patients to provide them with an extra trip to a nearby medical center or with tickets to a play or concert. He keeps tab on their manners, too; when he learned that in the excitement of a visit two of them had neglected to thank their hosts properly, he got them to send bread-and-butter notes posthaste.

"Any sincere experiment in international friendship in the medical

1015

r will

s the

eing,

y en-

pocell

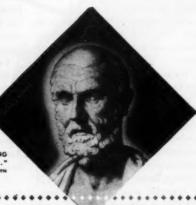
eight,

-lipve

JELLY WITH DIAPHRAGM or JELLY ALONE

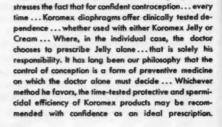
HIPPOCRATES

"I WILL USE TREATMENT .. ACCORDING
TO MY ABILITY AND JUDGMENT .."
PROM THE PHYSICIAN'S DATH

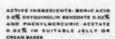








ONLY THE DOCTOR CAN DECIDE . . . Long experience



HOLLAND-RANTOS COMPANY, INC. . 145 HUDSON STREET, NEW YORK 13, N. Y.

MERLE L. YOUNGS, PRESIDENT

profession must produce some good," he maintains. "Some of our German internes will become leaders in their German schools and hospitals. The spark they got in America may one day kindle a big, bright light."

To prove that the spark is there,

he likes to remember how young Schaefer excitedly woke his roommate, Paulisch, one night in Trenton.

"Gerhard!" cried Schaefer. "I was dreaming-in American!"

That, says Dr. Read, is the whole idea.



Block Builder

• In the winter of 1945, Dr. Harold R. Tregilgas of South St. Paul, Minn., put together a pair of disturbing facts and eame up with a happy answer. The facts: (1) Many of his patients were housed within the clammy, cement-block walls of basement apartments; (2) many developed pulmonary diseases. The

answer: "Insol Wonder Block," the doctor's own insulated, moistureproof, patented block, which today is being produced in increasing quantities throughout the country.

"The basic idea of the thing," says Dr. Tregilgas, "is simple enough—a strip of half-inch insulation board sandwiched into an ordinary cement block. The tricky part was to fuse the sections together to form a unit that would stand up under construction loads of 1,000 pounds per square inch."

He licked the problem with the

d dely or octor

/ his

t the

icine

ever

ermi-

com-

tion.

The first advance in medical management of hemorrhoids in 25 years

For the hemorrhoid patient who must have RELIEF

Many patients suffering from hemorrhoids are not relieved by the classic emollients and lubricants. They require broader, more active therapy. TRICAINAL suppositories are designed for the hemorrhoid patient who must have relief. TRICAINAL contains two of the most effective drugs known to medicine:

(1) Pyribenzamine® hydrochloride, 10 mg., the reliably superior antihistamine, for relief of congestion, pruritus, and inflammation.

(2) Nupercaine® base, 2.5 mg.—the exceptionally efficient topical anesthetic for relief of pain and discomfort.

The soothing cocoa butter base also contains zinc oxide, bismuth subgallate, and acctone sodium bisulfite. Foil-wrapped TRICAINAL suppositories, boxes of 12. TRICAINAL rectal ointment, 1-oz. tubes.

Tricainal

Pyribenzamine® hydrochloride (brand of tripelennamine hydrochloride) Nupercaine® (brand of dibucaine) use of reinforcing rods—eight-inch lengths of heavy, wavy, galvanized wire passed crosswise through the insulation board and set into the cement partitions of the block. Next step was to design a machine to turn out the product in quantity.

"The whole project," says the 56year-old surgeon, "took years of trial and error, consultation with engineers and architects, visits to blockcasting and insulation concerns."

Now his persistence has begun to pay off. The Insol Corporation, of which he is sole owner, has launched a national advertising program and is granting statewide franchises to manufacturers at annual fees of \$2,000 per million population. The block itself has undergone exhaustive tests in the past year or two, including use in several experimental houses. Though it costs 25 per cent more than regular block, it's said to cut heating bills 60 per cent and fire insurance rates 20 per cent. It won't crack under widest variations of weather and temperature, claims the doctor. And plaster or composition board can be applied directly to its inside walls.

"No, I haven't given up my surgical practice for the building-materials business," says Harold Tregilgas, smiling. "In a way, the Insol venture has taken me only a little out of my own specialty field—into that of preventive medicine." END



"I did count sheep—ten thousand of 'em. I put 'em in the cattle car. I shipped 'em to market. And after I figured out how much money I lost on the deal, it was time to get up!"

The first advance in medical management of hemorrhoids in 25 years

For the hemorrhoid patient who must have RELIEF

Many patients suffering from hemorrhoids are not relieved by the classic emollients and lubricants. They require broader, more active therapy. TRICAINAL suppositories are designed for the hemorrhoid patient who must have relief. TRICAINAL contains two of the most effective drugs known to medicine:

(1) Pyribenzamine® hydrochloride, 10 mg., the reliably superior antihistamine, for relief of congestion, pruritus, and inflammation.

(2) Nupercaine® base, 2.5 mg.—the exceptionally efficient topical anesthetic for relief of pain and discomfort.

The soothing cocoa butter base also contains zinc oxide, bismuth subgallate, and acetone sodium bisulfite. Foil-wrapped TRICAINAL suppositories, boxes of 12. TRICAINAL rectal ointment, 1-oz. tubes.

Tricainal

Pyribenzamine® hydrochloride (brand of tripelennamine hydrochloride) Nupercaine® (brand of dibucaine) use of reinforcing rods—eight-inch lengths of heavy, wavy, galvanized wire passed crosswise through the insulation board and set into the cement partitions of the block. Next step was to design a machine to turn out the product in quantity.

"The whole project," says the 56year-old surgeon, "took years of trial and error, consultation with engineers and architects, visits to blockcasting and insulation concerns."

Now his persistence has begun to pay off. The Insol Corporation, of which he is sole owner, has launched a national advertising program and is granting statewide franchises to manufacturers at annual fees of \$2,000 per million population. The block itself has undergone exhaustive tests in the past year or two, including use in several experimental houses. Though it costs 25 per cent more than regular block, it's said to cut heating bills 60 per cent and fire insurance rates 20 per cent. It won't crack under widest variations of weather and temperature, claims the doctor. And plaster or composition board can be applied directly to its inside walls.

"No, I haven't given up my surgical practice for the building-materials business," says Harold Tregilgas, smiling. "In a way, the Insol venture has taken me only a little out of my own specialty field—into that of preventive medicine." END



"I did count sheep—ten thousand of 'em. I put 'em in the cattle car. I shipped 'em to market. And after I figured out how much money I lost on the deal, it was time to get up!"

in Others' Words

A Medical Society Executive:

"Enclosed please find a check for your Foundation. I send material out of this office from time to time asking physicians to contribute to the financing of the medical education of their future colleagues. For some reason I can't keep urging our members to do something which I can do and haven't done myself. Although the check is small, I do want to send you something."

DO YOUR PART TODAY

If you have missed doing your part—why not send your contribution today. All gifts can be earmarked for any one of the approved medical schools—and the money is income-tax deductible. Send your check now.

American Medical Education Foundation

535 North Dearborn Street, Chicago 10, Illinois

The Case for Sociable Medicine

A sure cure for cubiclitis, suppressed symptoms, and unreceptive receptionists

 Please, let's have no hissing. The word in the title is "sociable." And I want to write a prescription for it.

If it seems presumptuous for an architect to prescribe for doctors, I can only say that the physicians I encounter on school boards and building committees always haul right off and tell me how to design buildings.

But don't think this makes doctors unique. Everybody tells me how to design buildings.

The case for sociable medicine is a little crusade of my own. I thought it up in the dark watches of one night when I couldn't sleep. (I have a peculiar type of mind: It starts working at full speed at 8 P.M. and never stops until I get to the office

in the morning. This has been the making of me.)

Actually, most of my advice to doctors is implicit in the recital of several specific experiences:

CASE 1. Recently I was privileged to hear part of the story of a woman who had been to a doctor's office and passed a memorable afternoon there: "My appointment was for 1:30 P.M. and I was there at 1:30. I finally got in to see the doctor at 5:16, but at 5:21 I was back on the street again."

This gal was, to put it mildly, red in the face—a common indication of Suppressed Symptoms. But she was able to be up and about; in fact, she was up and about shopping for a new doctor.

Case 2. Now and again my own physician sends me to a specialist for abstruse researches into my interior, which seems to possess some strange topographical features. I do not like to go to specialists who are

By Roger Allen

*Confidentially, this article is not what the editors ordered. They had asked Mr. Allen, a Grand Rapids architect, to answer the question, "What don't you like in doctors' offices?" His one-word reply: "Me." Besides "architecting," Allen is a wee-hours author. He writes a daily newspaper column and says he will tackle any subject, whether he knows anything about it or not. "In fact," he maintains, "I generally write my best stuff when not handicapped by dull facts."

What Do Hospitals Want Most in an Adhesive Plaster?

(The results of a survey among 1,007 leading hospitals)



Sticks Easily and Well—Voted "first" among qualities hospitals most want in a plaster. Pro-Cap's "stick" quality is responsive to the first touch of skin.



2 Courses a Minimum of or No Institution
—Voted second most important. Seamless Pro-Cap is the only adhesive plaster which contains the heralded fatty acid salts, zinc propionate and zinc caprylate.



3 Does Not Slip or Creep—Voted third emost important by reporting hospitals. Seamless Pro-Cap will not slip or creep. Controlled tests prove Pro-Cap "staying" quality when applied for long periods of time.



4. Louves Manimum of Sticky Deposit

- Voted fourth most important. Dectors
and nurses recognize the difference between
Fro-Cap and other plasters, after reneval.



5. Shelf Life—The ability of an adhesive plaster to remain fresh and tacky after weeks and months on the shelf was voted fifth mest important by the hospitals. Try Pre-Cap on each of these 5 points.

a Write for a PREI speed of Pre-Cap. Prove Pre-Cap to yourself on each of these 5 points. Make the petch test for skin irritation. You'll nerver go book to ordinary planter.



Prove it to Yourself—Judge Pro-Cap on the 5 qualities hospitals want most in an adhesive plaster. Prove it to yourself on the irritation count. If you are allergic to plaster, make a sideby-side patch test on your forearm using Seamlese Pro-Cap and any other

adhesive plaster. Leave on 48 hourssee the difference! Prove it to yourself!

Write for Clinical Proof—Write for copies of published medical papers testifying to the action of the fatty acid salts found exclusively in Seamless Pro-Cap.



Set Up Big, with cubicles. The fact is, I have always suffered from Cubicle Claustrophobia. Next to reading the Congressional Record, I can think of nothing duller than sitting in a small cubicle, on a hard wooden seat, staring fixedly at a canvas curtain and waiting to have someone come along, yank the curtain back, smile brightly, and haul me off somewhere else.

Somehow, in these surroundings I always feel I should be taking a shower. But no facilities are available. I get nostalgia. My mind harks back to the days of my youth and the bathhouse cubicles at Moose Lake where I learned the breast stroke. This saddens me.

Case 3. Non-receptive receptiontists are only a minor evil, but you don't forget 'em easily. A fellow I know went to the same doctor and talked to the same receptionist once every week for for six weeks. Regularly, each week, the receptionist asked him his name, his address, his age, his height, and his weight. The sixth time, he gave his name, address, and age, and then said:

"I'm five feet ten and a half inches tall. You know, I haven't grown an inch in six weeks. Do you think the doctor's treatment can really be helping?"

Case 4. A colleague of mine, recently home from a stay in the hospital, complains that his nurse always woke him up at 1 a.m. to give him a sleeping tablet. Why this normal phase of hospital routine annoyed him, I cannot say; but it did.

But let's quit talking about cases and get down to cases: the case for sociable medicine.

Take my family physician (not Dr. X, our OB man, who ushered all five of my grandchildren into the world and who gets even less sleep than I do; Dr. X is practically never home, so his wife has had to wear the same hat for five years, this being the only feature he can recognize her by). My family physician is a very busy man, but you'd never know it. I can sit down and tell him all, without feeling I've been caught up in sub-section 4 of assembly line Z-2. He gives no indication that he's pressed for time. He conveys the idea that all the resources of modern medicine were invented just for the benefit of ME.

This coincides with my own idea. And I suspect it coincides with that of most other patients.

But professional men are children of misfortune. The art is so long, the time so short to get those annuities paid up. Small wonder that the



"Might I ask, Sir, just who you are?"

oitals)

Your New Electrocardiograph--WILL IT HAVE THESE FEATURES?

CONTINUOUS TIME MARKER

independent of the chart; assures accuracy of the time factor.

AUTOMATIC LEAD MARKER

obviates guesswork; you know which lead is recorded.

PRECISION

sensitive to rapid changes in potential; no rounding of sharp peaks.

SIMPLE

selection of lead at the turn of a switch; rapid calibration; controls all on one panel; portability; a clear, permanent record.

All these features are available in the

Burdick E K - 2
DIRECT-RECORDING
ELECTROCARDIOGRAPH

THE BURDICK CORPORATION MILTON, WISCONSIN

Send me information on the Burdick Direct-Recording Electrocardiograph.

I would like a demonstration.

Address

Dr.

City______ Zone___State_____



m

te fo

de

of

dr

fre

temptation to get big fast is almost irresistible. The thing to remember is that if you get so big you have to rush patients in and rush them right out again, they'll just keep on rushing—in the opposite direction.

Sociable medicine, like sociable architecture, may cost the practitioner some money in the short haul, but not over the long haul. My own doctor, Lord love him, knows me as well as if he had been through me with a lantern. It must have been a tour lacking in the scenic grandeur of the Grand Canyon, but I'm glad he took it. I hope there'll always be doctors around like that. Sociable, but unsocialized.

Australian M.D.'s Try a Middle Way

Fighting nationalization, they compromise on free drugs, care for the aged, and prepay plan subsidies

• Australian doctors, who helped not long ago to defeat a Labor Government campaign to nationalize medicine, are today experimenting with a middle course devised by the new Liberal Government. The latter's aim, according to its Minister for Health, Sir Earle Page, is to avoid state paternalism by making doctors partners, instead of servants, of the state.

In pursuit of that aim, the Government is handing out expensive drugs like insulin and the antibiotics free of charge. It offers "free general practitioner medical treatment and free medicine (in addition to the life-saving drugs)" for many elderly people. And it is using its funds "to amplify the cover against sickness provided by approved insurance organizations."

This semi-socialization is what some people have suggested for the U.S. To American doctors, therefore, two questions are significant: What does Australia's middle-way health scheme embrace? And how does it affect doctors?

From the viewpoint of the British Medical Association in Australia, which has approved the Government policy in principle, here are the answers. They were stated recently in a report of the association's secretary, Dr. J. G. Hunter, who said:

By James C. Fuller

announcing

TORYN

a new, non-narcotic compound to replace codeine

in cough control

"Toryn' gives you the same positive antitussive action as codeine, without codeine's side effects. Unlike codeine—"Toryn' is not a narcotic • 'Toryn' has no effect on respiration • 'Toryn' does not cause constipation • 'Toryn' does not depress the patient • 'Toryn' has a remarkably low toxicity.

Available: Syrup: In 4 fl. oz. bottles . Tablets: Bottles of 25.

Smith, Kline & French Laboratories, Philadelphia *T.M. Reg. U.S. Pat. Off. for caramiphen ethanedisulfonate, S.K.F.

pr co ch ins an

ter two For sici

me

pat app is p pro

is of trali erns med and pens

Hum the who tor i ment signe

appr the p tients

Or ernm an an The two-year-old free-drug project makes "life-saving and disease-preventing drugs" available without cost to all patients. These drugs include the sulfonamides, antibiotics, insulin, vaccines, and sera. They amount to about half the total of all drugs prescribed, the Government estimates.

In this drug program, says Hunter, "there are no intermediaries between doctor, chemist, and patient." For drugs on the free list, the physician writes a prescription on a "pharmaceutical benefits" form. The patient gets the drug free from any approved pharmacist, who in turn is paid by the Government when he produces the doctor's prescription.

Free for Pensioners

But picking up the tab for drugs is only one chapter of the new Australian story. In addition, the Government now pays doctors for the medical treatment of aged, invalid, and widowed pensioners of the state pension system.

e,

a

es

15.

In this pensioners' program, says Hunter, there is no contract between the Government and the physician who performs the services. The doctor is paid directly by the Government when he presents a voucher signed by the patient. But, with the approval of the B.M.A. in Australia, the physician must charge such patients "concessional" rates (about 60 per cent of the usual fee).

One of the main things the government offers Australians today is an amplification of the benefits paid them by their private hospitalization insurance plans. In effect, the Government pays two-thirds, the prepay plan one-third, toward a patient's total bill. Expected later this year is legislation by which the similar extra benefits will be given subscribers of private medical-surgical plans. By the time all the extra benefits have been added to existing health insurance, says Sir Earle, the Government thinks "roughly 80 to 90 per cent of the cost of medical treatment" will be covered for any subscriber to a prepay plan.

At present, only about 30 per cent of Australia's 8,500,000 population is insured in the prepay plans. But with these inducements, says Hunter, the Government anticipates bringing many new members into the prepay plans. By so doing, he feels, it can solve the problem of national health costs without resorting to "indiscriminate" state charity.

In the light of these developments, are the Liberals' promises of "a health scheme without socialization" really bona fide? The B.M.A. in Australia claims officially that they are. According to Hunter, "The present Government intends no interference with the freedom of doctors."

B.M.A. acceptance of this middleof-the-road experiment may be explained in part by the medical profession's grim experience under the previous Labor-Socialist regime. Prior to 1950, Australia's 7,000 doctors came within an ace of getting nationalized medicine under an ad-



WHENEVER a worried mother asks you how to "make" her baby eat more, you can help her understand that a baby gets full benefit from his food when he enjoys it.

No baby can be expected to thrive nutritionally and emotionally if mealtimes are marred by coaxing

and conflict.

It is fortunate for your young patients that Beech-Nut Foods combine fine nutritive values with appealing flavor. Now, with more varieties to choose from than ever before, Beech-Nut makes it easier for mothers to please your young patients and keep mealtimes happy!

A wide variety for you to recommend: Meat and Vegetable Soups, Vegetables, Fruits, Desserts—Cooked Cereal Food, Strained Oatmeal and Cooked Barley.

Babies love them...thrive on them!

Beech-Nut



Every Beech-Nut Baby Food has been accepted by the Council on Foods and Nutrition of the American Medical Association and so has every statement in every Beech-Nut Baby Food advertisement.

ministration that was admittedly out to eliminate private practice.

Actually, the doctors big fight during those years was focused on a deceptively minor issue. This was the Labor-Socialists' wholesale plan for free drugs, first introduced in 1944, but not put into operation until 1948. Alert doctors saw it as the opening wedge for complete regimentation of the profession.

Rx for Socialism

This "Pharmaceutical Benefits Act" had three provisions to which the B.M.A. objected violently:

 It compelled doctors to write prescriptions for free medicines on Government forms only.

It restricted such prescriptions to a limited range of medicines in an official Government formulary.

It threatened fines and imprisonment for doctors who refused to cooperate.

The upshot was that 98 per cent

m. ps,

nd

nf.

boo

the Nu-

so

ad-

of Australia's physicians boycotted both the formulary and the forms. Within two weeks, it was obvious that the act wouldn't work. Striking back at the insurgents, the Government then amended the act to make it illegal to prescribe any medicine in the formulary, free or not, except on Government forms.

Ironically, this was just what the doctors wanted. The B.M.A. challenged the Government move; and the courts ruled that the amendment was a form of civil conscription, and therefore invalid. Shortly afterward, the Labor-Socialists lost the national election to the Liberals.

As Sir Earle Page, himself a former practitioner, sees it, his Government is setting up a "vested interest" against socialization in the vast group of private insurance policyholders. Apparently, Australian M.D.'s, relieved at their narrow escape from total socialization, are willing to go along with him.

Copycat

When my culture came back from a cold I had got, He called it "indifferent strep." He gave me some vitamin pills and a shot To help me recover my pep.

He's attractive, and all of the girls in my set Are angling (he really does rock us). He's completely impersonal; still I would bet He's just trying to copy the coccus.

-EMILY BARNHART

In Hypertension . . .

FIRST: Relieve The Tension . . . Raise The Spirit

THEN: Lower The Blood Pressure . . . Ease The Symptoms

ORGAPHEN

ELIXIR ORGANIDING and PHENOBARB TAL

Does Both

Relief of subjective symptoms may completely rehabilitate a hypertensive patient.

Mere lowering of blood pressure without relief of symptoms serves no such purpose. Thus, while not necessarily without some benefit, lowering of blood pressure, per se, is not considered the prime objective in relief of hypertension. (Am. J. Med., 4:875, 1948.)

Orgaphen Relieves Symptoms, Lowers Blood Pressure

ORGAPHEN, Wampole's unique elixir of organically bound iodine and phenobarbital, has a particularly salutary effect on symptoms associated with hypertension and exerts a distinct hypotensive action as well. Toxic effects are negligible.

Less Phenobarbital for the Person "On Edge"

ORGAPHEN includes only 12 mg. (1/5 grain) of phenobarbital in each 4-cc. teaspoonful while the standard elixir of phenobarbital contains ½ gr. Yet, there has been observed a definite clinical synergism of the phenobarbital sedation by the organically bound iodine, equivalent in effect about twice (24 mg.) the amount of phenobarbital alone. Thus adequate sedation with ORGAPHEN is obtained with relatively little phenobarbital.

For your next hypertensive patient (and in hyperthyroidism, arteriosclerosis and endocrine imbalance as well) prescribe Orgaphen, and observe its low effective dose and excellent effect on symptoms. Orgaphen is supplied in pint bottles.

Samples and literature on request.

HENRY K. WAMPOLE & CO. . PHILADELPHIA 23. PA.

MANUFACTURING PHARMACISTS SINCE 187

Letters to a Doctor's Secretary

How to cope with the first of the month—the sending of bills, the balancing of books

• Dear Mary:

nsive

es no

ering

relief

ure

e and

iated

Toxic

each

14 gr.

heno-

ect to

quate bital.

oscleserve

EN IS

7 2

You've doubtless discovered by this time that your work has its natural cycles. Dr. Barrie and his work constitute your sun; you move in your own orbit, but always around him. Your work draws its significance from his.

One ever-recurring and supremely important period in your office universe is The First of the Month. And just as a well-planned day begins the night before, so an effective first of the month begins about a week ahead of time.

By the twenty-fifth of the month, see that every last charge and payment has been posted up to date on the patients' ledger cards. It is from these that you make out your statements. Go to bed early that night, and next morning get to the office half an hour before the usual time for opening.

Arrange all necessary material on your desk; open your typewriter; and get to work on the statements as if life depended on your speed and accuracy. After an hour of this intensive effort, change your work for a few minutes. Open the mail, dust the office, or put away the laundry. Then back to your statements for an hour; change again for a few minutes; and so on until lunch.

Let the doctor understand that for the last few days of the month he should neither give dictation nor ask for any help from you that is not absolutely necessary. Don't leave it to his imagination; warn him in plenty of time. Dr. Barrie knows it is to his financial advantage to cooperate with you; but you can't expect him to be considerate in this respect without a reminder from you. It's your job to watch the calendar.

If I were you, I wouldn't work on the statements during the rush of

*These letters were published originally as a series in MEDICAL ECONOMICS, signed with the nom de plume Myrna Chase. In response to many requests, they are now being

By Anna Davis Hunt reprinted in revised and updated form. The complete current series of sixteen letters (the present letter is the twelfth) will be available next month as a book.

1. IMMEDIATE 2. SUSTAINED 3. PROLONGED

reduction in blood pressure

Capsules Ray-Trote combine three supplementing therapeutic agents which serve to control high blood pressure with maximum efficiency. Capsules Ray-Trote introduce a timing element essential for the safest and most satisfactory control of hypertension.

Nitroglycerin: Because of its rapid vasodilating action, nitroglycerin reduces blood pressure almost instantaneously. To give the patient immediate relief, it still remains the drug of choice.

Sodium nitrite: Sodium nitrite is a somewhat slower acting vasodilator, and begins to take full effect as the action of nitroglycerin subsides.

Veratrum viride: Chemically standardized veratrum viride is probably the most active and reliable cardiac depressant. Although slow to act, its depressant effect on blood pressure is prolonged, exceeding that of sodium nitrite by several hours.

Consequently, capsules Ray-Trote provide, in a single dosage form, immediate, sustained, prolonged hypotensive activity.

Phenobarbital: Capsules Ray-Trote also contain phenobarbital, to maintain a calmer, more restful hypertensive patient.

Dosage: One capsule every three or four hours. Discontinue use if pulse becomes abnormally slow, or patient complains of nausea.

1. Sollman, T.: A Manual of Pharmacology, W. B. Saunders Co., 1942. 3-stage action to control hypertension

Capsules NV-7DA

Improved

TRIPLE EFFECT OF RAY-TROTE IMPROVED IN REDUCING BLOOD PRESSURE

- 1. Immediate effect of nitroglycerin
- 2. Time of action extended by sodium nitrite
- 3. Effect prolonged up to 5-8 hours by veratrum viride

Formula: Each capsule contains:

Nitroglycerin 0.25 mg. Sodium Nitrite 30 mg.

Veratrum Viride (stand-

ardized to 1.0% alkaloid content) 65 mg

Phenobarbital 15 mg. Supplied in bottles of 100, 500 and 1,000 capsules. Also available, Capsules Ray-Trote with Rutin. In addition to the Ray-Trote formula, each capsule contains Rutin, 20 mg.



RAYMER PHARMACAL COMPANY

Pharmaceutical Manufacturers
Jasper and Willard Streets, Philadelphia 34, Pa.

SERVING THE MEDICAL PROFESSION FOR NEARLY A THIRD OF A CENTURY

office hours. The tapping of the keys disturbs the peace of the reception room, and patients should not be made aware of the business of collections. Besides, constant interruptions may cause you to make errors.

The most efficient procedure is first to type all the statements from A to Z, then to address and stuff the envelopes.

There has been much discussion in the office and among Dr. Barrie's colleagues about using the "window" envelope, with the statement and a return envelope all in one. Certainly, there is much to be said for this. It cuts your work almost in half and makes it easy for the patient to send his remittance. But after careful consideration, we rejected the idea on the ground that it might strike some people as overcommercial.

We never want to lose sight of the fact that a doctor's office is not a business plant. A certain degree of dignity and personal feeling must enter into every transaction. So we continue to use a neat, engraved statement on a good grade of bond. It has nothing on it but the doctor's name and address and "For Professional Services."

As you know, it looks like a small letterhead, folds once, and leaves enough room for any itemization that may be called for. Though you work fast, try to make each statement as neat and perfectly spaced as you would a personal letter.

I imagine you learned in business college the best way to seaf and

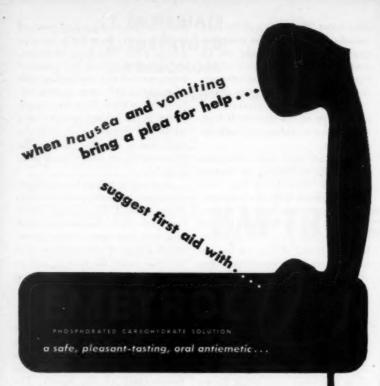
stamp envelopes. First step, you will recall, is to lay them out in rows on a large table. The flaps, of course, are spread flat, with the gummed edges upward and overlapping each other so that little or no space is visible between them. Thus it's a simple matter to run a damp sponge over a whole row at one swoop; then seal each one in turn by pressing the flap down firmly with a small piece of gauze.

Next step is to turn the envelopes over, again in overlapping rows, and stamp them. I assume that you've bought the \$15 roll of stamps, which is a real time-saver. From it you unroll a strip of ten or twelve, pull the strip across the sponge, and go down a row of envelopes, pressing a stamp on each one.

Timing Important

There's no short cut to getting out the statements. You may have to come early and stay late—but you should get them all out by the twenty-ninth of the month. The twenty-ninth is neither so early as to seem overly eager nor so late that other bills crowd Dr. Barrie's out of the patient's budget. I could tell you any number of stories about doctors who didn't get paid, or who were paid grudgingly, simply because they didn't send their bills on time.

Long experience tells me that the method and timing that I've just outlined are best—and I've tried them all. It is too often confusing to the patient (and to you) if you try to lighten the burden by getting



effective in 6 out of 7 cases of functional vomiting... reduces gastrointestinal smooth muscle contractions physiologically... contains no antihistaminics, barbiturates, or other drugs... also useful in nausea of pregnancy, and for drug- or anesthetic-induced vomiting

IMPORTANT: EMETROL is stabilized at an optimal physiologic pH level. Dilution would upset this careful balance. For this reason, EMETROL is always taken straight, and no fluids of any kind are allowed for at least 15 minutes after administration.

1. Bradley, J. E., et al.: f. Pediat. 35:41, 1951; Idem: Amer. Acad. Pediat., meeting Oct. 16, 1951.

Supplied:

In bottles of 3 fl.oz. and 16 fl. oz., at pharmacies everywhere

n

W

al



write for complete literature

KINNEY & COMPANY . COLUMBUS . INDIANA

statements out a few at a time all through the month.

Americans have been educated to first-of-the-month bills. If a bill arrives at any other time, the average person is likely to set it aside until the first, and by then he may have lost it. (If, however, a patient asks for his bill at the conclusion of treatment, you will of course be glad to make it out at once.)

Since you finish getting out your statements on the twenty-ninth of the month, you will generally have a day or two to spare before the first. You can devote this time to catching up on neglected office routine. Then, on the first, you must tend to another special duty: reconciling the doctor's bank statement with his checkbook.

You will be able to correct any errors easily if you get at this job right away—and if, of course, you have kept the check stubs intact, subtracting the amount of each check as drawn, and adding (in contrasting ink) every deposit on the day it was made.

The process of reconciliation is then simple: (1) See that the canceled checks, in the order in which you receive them from the bank, agree with the listing of checks on the bank statement. (2) Arrange the checks in the order of their serial numbers. (3) See that the checks agree in amount with their corresponding stubs; check over the stubs with a red pencil one month and with blue the next, and continue alternating. (4) On the back of the

last stub for the month, make any calculations necessary—such as adding to your balance the amount of checks written but not yet cleared, or correcting any error in subtraction or addition. When the result of your calculations equals the balance shown on the bank statement, mark them both "O.K." and put them away.

For the next two or three days, you turn your attention during every available moment to the balancing of the books. This will not be difficult if you have kept all entries up to the minute each day of the month. It's a glorious feeling if the trial balance is all finished and out of the way by the evening of the second.

On the morning of the third, you take time to prepare a special report



"By the way, Fepworth, I wouldn't start any continued stories if I were you . . ."

bile

brisk business

MALTBOE ... first

to develop American process for conversing crude viscous ox-bile into chemically pure debydrocholic acid.

not cholagogue not choleretic but <u>hydro</u>choleretic

In nonobstructive biliary disease, progressive medical management calls for therapy which will stimulate a large volume of bile with a high water content for copious flushing of the biliary tract. To complement the hydrocholeresis, biliary duct and sphincter of Oddi relaxation is vital.

should be

Cholan-HMB contains dehydrocholic acid (250 mg. or 3½ gr. per tablet) — the most potent, least toxic hydrocholeretic known. It also contains the safe, selective spasmolytic, homatropine methylbromide (2.5 mg. or ½ gr.) — with phenobarbital (8 mg. or ½ gr.).

MALTBEE LABORATORIES, INC. NEWARK (N.).

Chart shows increase in biliary secretion after injection of sodium debydrocholate, as compared to various bile salts.

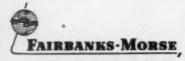
Cholan hmb



IT'S BACK ...

and better than before!

Yes, the Fairbanks-Morse Health Scale is back again, and with the same true accuracy and dependability to serve you over the years. This new model, No. 1265, is noted for its easy-to-use features and its smart, neat appearance. And the special attention given to the design and durability of the wearing parts assures its long life and trouble-free performance. Fairbanks, Morse & Co., Chicago 5, Ill.



SCALES . PUMPS . ELECTRIC MOTORS GENERATORS . LIGHT PLANTS . DIESEL, DUAL FUEL AND GASOLINE ENGINES . MAGNETOS

a name worth remembering

to be shown to Dr. Barrie. Using a large sheet of ruled bookkeeping paper, you enter the following headings: Charges Made; Cash Received; Checks Drawn; Number of New Patients; Number of Operations. These are so arranged that Dr. Barrie can see at a glance the total for the month under each heading, and the total for the year to date.

If the amount of cash received approximates the amount of charges made, that's a sign you're a good collector. If it doesn't, you'll have to get busy—or busier!

And now, with the first-of-themonth flurry left behind, you can slip smoothly back into the ordinary office routine.

By the way, have you ever visited the municipal power plant high up in the canyon fifty miles from the city? A marvelous place! At nightfall, when all the lights are coming on down in the city, the electricity load is at its peak. Like magic, the plant is transformed into a thing of spectacular beauty. Every sluice gate is pouring forth a miniature Niagara into a great cement basin of seething water. Water and machinery harmonize in a thunderous roar.

"The peak of the load"—functioning to full capacity—is a thrilling sight, and not without its allegorical significance. The miniature power plant within your brain has its "peak load" the first of the month. It can be tiresome or delightful—whichever you choose to make it.

As ever,

Myrna Chase

Tell Sand can' or g

eping a headeived;

w Pa-These

e can

d the

arges d colo get -thecan nary sited h up the ightning icity

the

g of

uice

ture asin

ma-

rous

ion-

ling

ical wer eak can ch-

ase

Medical drawing reproduced from "Gray's Anatomy" by permission of Los & Febiger, publishers.

When a patient says "have a heart" when you suggest cutting down on coffee...

Tell him about grand-tasting Sanka Coffee. It's 97% caffein-free... can't cause sleeplessness or get on the nerves.

SANKA

The perfect coffee for the patient affected by caffein.





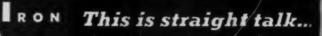
Products of General Faces

Fellows

Syrup

W/

RON QUININE STRYCHNINE



FELLOWS Syrup has yet to be equalled as a stimulant and bitter tonic.

FELLOWS Syrup is: Especially valuable for

Geriatic patients and during convalescence.

FELLOWS Syrup will

- . STIMULATE APPETITE
- . IMPROVE MUSCLE TONE
- PRODUCE EUPHORIA ALMOST INSTANTANEOUSLY
- ELEVATE THE MOOD WITHOUT AFTER DEPRESSION

Economically priced...about 2c per dose to patient

Available: 7 and 14 oz. Bottles

Samples? Of course, on your request



thormaconticule since Plin

Set his topins street



Prepare Now for Tax Rate Change

If income taxes face drop, as some experts say, then tax saving opportunities may be open to you today

 Where taxes are concerned, it's never too early to look ahead. But early planning is especially important today, for there's a fair chance that Federal income tax rates will be lowered next year. And when rates drop, tax-saving opportunities grow.

The emergency income taxes voted after fighting started in Korea aren't due to expire until Dec. 31, 1953. But the excess profits tax on corporations drops off next June. And it's possible that individuals will get a similar break.

Congressional leaders on the influential tax-writing committees admit this privately. And confirmation comes from important political figures like Beardsley Ruml, the Democratic campaign fund-raiser, who has frequently helped shape Government tax policy.

You may have heard some talk about individual income tax *increas*es next year—emanating, perhaps, from the Budget Bureau or some other Administration agency. But authoritative Washington sources interviewed by the authors brand this as just talk. More than likely, they say, personal income taxes will be lowered as much as 10 per cent.

If this occurs, it will mean a substantial saving for doctors. In addition, though, you may be able to make it mean more.

How? By arranging to shift some of your income from '52 to '53. You'll then be paying taxes on a smaller income at today's high rates, and on a greater income at tomorrow's lower rates.

Note carefully that the shifting of income entails some risk. If you arrange your affairs on the assumption that tax rates will drop next year, and then they don't drop, you may end up paying more to Uncle Sam than you would with no advance planning.

By John C. Post and Peter S. Nagan *Mr. Post is a professional management consultant in Washington, D.C. Mr. Nagan is MEDICAL ECO-NOMICS' Washington correspondent.

You'll get a lot more out of the all-new GE Inductotherm

Now you can give your patients the desired quality and intensity for the full range of diathermy treatments. New GE Model F Inductotherm combines all the latest advances in induction heating therapy.

el

be

pı br

ph

ye

po

wi

ne

pro

in a

to

ing

por

adh of co sim inco ava ient

ceip

spec

rent

As shown in the pictures below, this handsome, trouble-free unit provides for a wide range of diathermy technics. Output has been raised to 200 watts—for most efficient utilization of induction heating methods. Unit is crystal controlled for absolute adherence to FCC-approved frequency. Surgical facilities, now an integral part of the unit, are designed for all medium and light technics.

Demand for the Model F is already great. To insure getting one of these great new Inductoherm units soon, call your GE x-ray representative right away. For illustrated literature, write X-Ray Department, General Electric Company, Milwaukee 1, Wisconsin, Rm. C-10.

GENERAL & ELECTRIC



Fully adjustable contour following electrode is part of the basic unit.



Optional is the 12 ft. treatment cable. Note how electrodes attach in rear.



Also available: fully adjustable air-spaced condensor type electrode.

Your best bet, in our opinion, is to base your plans on the post-election tax news from Washington. Then, if lower tax rates still seem likely, give serious consideration to the income-shifting ideas outlined below.

As you shift income, of course, you should weigh the drawback of putting yourself into a steeper tax bracket. But take as an example the physician who nets, say, \$12,000 a year. Assuming that, for tax purposes, he splits his income with his wife, he can carry over as much as \$2,000 from this year's income to next year's without crossing a bracket line-and may save \$250 in the process. Moreover, even if he does up-rate himself, he can still save \$40 or \$50. For a doctor earning \$25,-000, postponing \$3,000 could result in a saving of \$1,100, despite a jump to a higher bracket-all this assuming lower rates in '53.

In practical terms, there are two ways of shifting income: (1) postponing receipts, and (2) advancing the dates of expenditures.

How to Postpone

The Bureau of Internal Revenue adheres religiously to the "doctrine of constructive receipt." This means simply that the bureau considers all income taxable when it becomes available, whether or not the recipient chooses to take it at that time.

So a large part of the doctor's receipts cannot be shifted. Fees for specific services, for example, or rents and dividends that fall due on definite dates may not be postponed for income tax purposes.

But such postponement is possible when billing patients who are undergoing long courses of treatment. Take, for instance, the physician who renders prenatal care. He may properly decide to send out bills when it suits him best—after the fifth month, the eighth, or (for all his services) after the child is born.

Then there's another area in which postponement is feasible—capital gains. This doesn't, strictly speaking, involve income, but the capital gains tax is tied closely to income levies. Here, too, timing is important; and, here, the taxpayer faces fewer restrictions.

If you sell real estate, securities, or other capital assets this year, your profits will be subjected to the high capital gains rates still in force. But these rates will drop if income levies are cut. So it may pay you to retain your assets till the new tax year rolls around.

Conversely, if you've suffered a capital loss and are thinking of liquidating, you'd do well to unload before 1953. Your loss can be used to neutralize gains from other capital transactions. And your savings in taxes will probably be greater for being calculated at this year's higher rates.

A second method of shifting income for tax purposes is to advance the dates of expenditures.

The doctor has a wider scope here than in the postponement of re-



gh the Menstrual of Life...



0

re

m

re

pr

w

su

pre

ica

urg

voi

bee

erty

THE frequency with which the menstrual life of so many women is marred by functional aberrations that pass the borderline of physiologic limits, emphasizes the importance of an effective uterine tonic and regulator in the practicing physician's armamentarium.

In ERGOAPIOL (Smith) with SAVIN the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergistically enhanced by the presence of apiol and oil of savin. Its sustained tonic action on the uterus provides welcome relief by helping to induce local hyperemia, stimulating smooth, rhythmic uterine contractions and serving as a potent hemostatic agent to control excessive bleeding.

May we send you a copy of the booklet "Menstrual Disorders", available with our compliments to physicians on request.

MARTIN H. SMITH COMPANY 150 LAFAYETTE STREET, NEW YORK 13, N. Y.



ceipts. So it's in this field that he can effect his biggest tax savings.

Some expenses, if normally met at regular intervals, cannot be prepaid—rent and staff salaries, for example. The Bureau of Internal Revenue won't permit deviations from a doctor's usual accounting practices.

Prepaying Expenses

But there's a long list of expense items for which no routine method of handling is prescribed. These readily lend themselves to prepayment—and tax savings. And the bureau has no legal objection to such prepayment. The list that follows, while necessarily incomplete, may suggest some areas in which you can profit by planning now:

Repairs to your office and medical equipment, though sometimes urgent, can generally be made at your convenience. So if you have been planning to redecorate, alter, or improve the safety of your property, you can partly finance the work out of tax savings by doing it this year, while higher income taxes still apply. But remember this: Only repairs to maintain the property are immediately deductible; permanent improvements must be declared as capital assets and depreciated from year to year.

¶ Professional equipment with a useful life of a year or less is a deductible item. By buying it in advance, you can decrease both your 1952 income and your 1953 expenses. This applies, of course, only to small items, not the big machines—

to X-ray lamps that burn out, not to the entire, long-lived unit.

Repairs on an automobile devoted wholly or partly to professional use give you another chance to increase this year's deductions. But such repairs are deductible only to the extent that you use the car for professional purposes.

¶ Books on professional or related subjects can be purchased now rather than in 1953. Remember, though, that really expensive items, like \$100 sets, are considered capital assets.

¶ Medical society dues and subscriptions to journals can be prepaid if the society is willing to accept payment before the renewal period. (Most societies are.)

¶ Drugs in reasonable quantities, as well as postage stamps, stationery, and office supplies, can be bought in advance and the deduction taken at the time of purchase.

¶ Interest due next year on a mortgage or other obligation can be deducted in 1952 if paid before the end of the taxable year.

¶ Charitable contributions—such as an annual self-imposed obligation to a church—can be prepaid for as many years as you like. The only limitation is the 20 per cent annual ceiling imposed by Congress.

¶ State and local taxes can be deducted in any amount this year if prepayment is accepted by your local taxing authorities. Some states require a declaration of estimated income and will take payment in advance with the declaration.

Surgical Row Simmers Down

[CONTINUED FROM 76]

has been settled. But when you dig beneath the surface, you find plenty of live embers left.

A glance at the differing objectives of the two organizations sug-

gests the real reasons:

The American College, conceived by Dr. Franklin H. Martin, was founded in 1913 as the country's first accrediting body for surgeons. It set standards high and raised them consistently. From the beginning, it placed particular emphasis on ethics. One of its most important activities soon became the standardization and approval of hospitals.



"Is this the best way to get to Emergency Hospital?"

Before the establishment of the American Board of Surgery in 1937, and the formation last year of the Joint Commission on Accreditation of Hospitals, the college exercised almost absolute control over the development of American surgery. But by accepting the American Board examinations and by initiating the cooperative inspection of hospitals, the A.C.S. voluntarily surrendered much of its power. Nevertheless, its eminence in its field remains.

The International College, conceived by Dr. Thorek, was founded in 1935 at Geneva. At the start it was bitterly fought on both sides of the Atlantic.

Nevertheless, the I.C.S. has grown steadily. The U.S. chapter now has over 4,500 members, and nearly as many more belong to other chapters distributed around the globe. The I.C.S. now conducts many membership activities similar to those of the A.C.S., in addition to maintaining its international program.

C

i

V

0

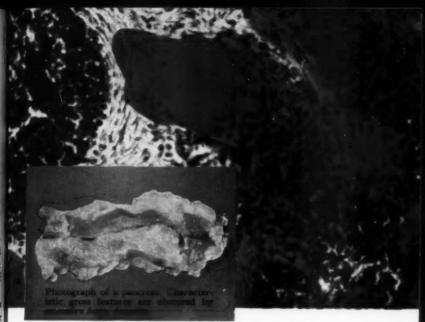
'I

to

in

Here is how Dr. Andre Crotti of Columbus, Ohio, past president emeritus, has defined its aims:

"The International College . . . does not desire to have in its membership [only] the outstanding surgeons of the world . . . What the college wishes . . . is to have those outstanding surgeons of the world act as mentors and educators for the rising generation of surgeons . . And this is the distinguishing characteristic which makes the colleg ...different from any other." [MORE-



Microscopic section of pancreas stained for fat with Sudan 4 and counterstained with hematoxylin. This section shows fatty infiltration—orange-red patches—within the stroma of the pancreas. Magnification: X 135. Inset shows pancreas from which section was taken.

The pancreas of an overweight patient

Weight reduction—of even a few pounds—is often the surest means of lengthening life and diminishing future illnesses.

'Dexedrine' Sulfate curbs appetite, makes it easy for the patient to adhere to a low-calorie diet and thus to reduce weight safely—without the use (and risk) of such drugs as thyroid.

Smith, Kline French Laboratories, Philadelphia

Dexedrine* Tablets · Elixir · 'Spansules'

the most effective preparation for control of appetite in weight reduction

*T.M. Reg. U. S. Pat. Off. for dextro-amphetamine sulfate, S.K.F. 'Spansules' Trademark

f the ration reised at debe de-Board g the

f the

dered ess, its con-

des of S. has hapter s, and

nd the nducts similar tion to 1 pro-

o oth-

rotti ol

memory surnat the e those world for the

g char colleg



This is the second of a series of Norman Rockwell portraits depicting patients typical of those you see in your everyday practice.

of the distress you can see

nin



This typical patient may have a multitude of somatic complaints—some real; some imagined. But he probably will fail to complain of his mental and emotional distress—distress you can see. This is the distress that either causes—or to some degree complicates—virtually every condition you are called upon to manage.

You will find 'Dexamyl' of unique value in treating the mental and emotional aspects of your patients' somatic complaints. 'Dexamyl' is a balanced combination of two mood-ameliorating components:

- Dexedrine* Sulfate—the antidepressant of choice—to lift the patient's mood and provide a sense of well-being.
- 2. Amobarbital (Lilly)—the sedative that elevates mood—to relieve nervousness, anxiety, and inner tension.

Dexamyl's two mood-ameliorating components work synergistically to provide a "normalizing" effect—free of the dulling effect of barbiturates; free of the excitation caused by stimulants.

DEXAMYL tablets and elixir

Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off. for dextro-amphetamine sulfate, S.K.F.

†T.M. Reg. U.S. Pat. Off.

NEWS ABOUT A BAUER & BLACK PRODUCT

New way to sweeten a "bitter pill" -elastic stockings of NYLON

Now from BAUER & BLACK—a NYLON elastic stocking that gives firm support and will not discolor!

Frequently a patient will resist when you suggest she wear elastic stockings. But these new nylon models by Bauer & Black greatly reduce that resistance. They are far less conspicuous, are cooler, fit more smoothly. They are easier to wash, wear longer and have open toes for foot freedom and comfort. These are the only nylon elastic stockings that will not discolor—and they come in a light, glamorous shade.

Moreover, you can prescribe Bauer & Black nylon elastic stockings with complete confidence. They provide the firm, healthful support you want your patients to have.

This new development is one more reason why more women wear and more doctors prescribe Bauer & Black than any other elastic stocking.

(BAUER & BLACK)

ELASTIC STOCKINGS

Other famous Bauer & Black Elastic Supports
BRACER* Supporter Butt, TENSOR* Elastic Bandages, Abdominal Belts, Suspensories,
Anklets, Knee Caps, Atbletic Supporters.
*Reg. U.S. Pat. Off.
Bauer & Block, Division of The Sec

Bauer & Black, Division of The Kendall Co. 309 W. Jackson Blvd., Chicago 6, Ill.



This picture demonstrates that the new Bauer & Black elastic stockings are truly one leg is wearing an elastic stocking beneath the overstocking. It's the left leg—could you tell?

The American College takes a somewhat different view. Speaking a few weeks ago of the 1,150 doctors to be admitted to A.C.S. membership this fall (out of 1,900 applicants), Dr. Hawley was "very frankly worried" about a 25 per cent increase in applications over the previous high.

"The American College is not interested in admitting record numbers of doctors to fellowship," he said. "It prefers a relatively smaller membership composed of doctors with higher qualifications."

If these divergent courses are followed, some surgeons think, it will be only a matter of time until, in the natural course of events, I.C.S. membership equals or exceeds that of the older organization.

Whether or not this factor had

anything to do with the recent dispute, such acrid controversies are thought by many to do medicine little good. Says one surgeon:

"Most of the misunderstandings between our organizations boil down to technical points that aren't as important as they're made to sound. A little more readiness to talk reasonably around a table, instead of hollering defiance across barricades, might spare us considerable embarrassment."

But while deploring high-pitched controversy, a good many M.D.'s seem not at all averse to multilateral organization of the profession. They regard the existence of two or more organizations in the same professional field—e.g., the A.C.S. and I.C.S. in surgery—as a good thing.

Last month, for example, a promi-



"Come, Mrs. Abernathy! Try to think of me as your mother."

Films and Chemicals AT YOUR BECK AND CALL

For fresh radiographic film and processing chemicals - delivered promptly - call your Westinghouse X-ray representative.

Your local Westinghouse X-ray office always has a plentiful supply of all leading brands in stock. Ordering from Westinghouse is your guarantee of fresh materials, delivered as fast as needed.

In addition to fresh, active processing chemicals and films with fresh emulsion, your local Westinghouse office carries a complete line of darkroom accessories-from aprons to ventilators-cabinets to timers. So, remember, whatever your needs, call your Westinghouse X-ray representative for prompt, dependable service.

And for a complete listing of all Westinghouse accessories, just send a card to Westinghouse Electric Corporation, 2519 Wilkens Avenue, Baltimore 3, Maryland.

YOU CAN BE SURE ... IF IT'S

you car estinghouse MEDICAL X-RAY

nent Eastern surgeon was asked his opinion on the key question that arises out of the A.C.S.-I.C.S. clash—the question mentioned at the beginning of this article:

Is medicine getting over-organized?

"Not at all," this doctor main-

tains. "There should be two of every type of medical organization, with rivalry between their leaders encouraged. Sure, they'll turn the air blue from time to time. But they'll also keep each other awake and on their toes, to the benefit of us all."

ENT

Where Ike Stands on Health

Presidential candidate seen picking up medical support after latest statement

 Gen. Dwight D. Eisenhower emerged from a round of conferences with medical leaders last month to explain his stand on the health issue.

The Republican Presidential aspirant left no doubt about his opposition to Federal health insurance. In the words of one top A.M.A. spokesman, his remarks amounted to "a positive, unqualified statement against any form of socialized medicine."

In fact, his views seemed remarkably similar to those already set forth by medical leaders. He called on Americans to remember that "the people in this country receive better medical care than anywhere else in the world." He urged "progress and expansion" of the voluntary system—with price-tag problems eased through voluntary insurance, plus locally administered medical-care programs for the indigent.

All in all, his remarks seemed likely to win him additional support from the country's physicians. And by speaking out when he did, he placed his opponent, Gov. Adlai E. Stevenson, in a difficult spot. For Stevenson had not yet come to grips with the health question. Even though he was expected to do so soon, he was apparently left with a pair of none-too-satisfactory choices: either to add a "me, too" tag to what the Republican candidate had already said, or to move closer to the double-edged Truman-Ewing policies. MORE-



Two recently completed clinical studies^(1,2,) independently conducted under controlled⁽¹⁾ conditions, substantiate previous findings that KHELLOYD—pure crystalline khellin—

75 to 80% Improved Provides definite relief from pain in 75 to 80% of sufferers with anginal pain. (1,2,)

(Thus KHELLOYD does everything that drug therapy can be expected to do in this condition.)

The Severe Case Responds Moreover, "The more severe the case, the more striking the improvement."(2)

Objective Evidence

"The ballistocardiograph gave . . . definite objective evidence . . . of . . . favorable influence . . . on the disease process." (1)

Well-Tolerated KHELLOYD, unlike impure mixtures, permitted adequate therapeutic dosage levels of 100 mg. or more per day in most patients without undesirable side-effects.

Individualized Dosage

Since KHELLOYD is a potent therapeutic weapon, the dosage must be individualized to the patient. Recommended initial dosage is 1 tablet daily for 1 week; then increased to 2 tablets daily, if necessary, as the average maintenance dose.

KHELLOYD W/P

leted lently

s, sub-

OYD

80%

that

n this

the

finite influ-

perels of tients The frequent association of nervous tension with angina and the occasional incidence of nausea often makes KHELLOYD W/P preferred.

Each tablet contains:

KHELLOYD......50 mg.

And in Bronchial Asthma...

KHELLOYD is proving highly effective in bringing relief to the asthmatic patient.

Available—KHELLOYD (white) scored 50 mg. pure khellin tablet.

KHELLOYD W/P (yellow) 50 mg. pure khellin with phenobarbital.

Both products are packaged in bottles of 50 and 250 tablets.

(1) Nalefski, L. A.; "The Use of Crystalline Visammin in the Treatment of Angina Poctoris" CIRCULATION, 5:851-857, June, 1952.

(2) Scott, R. C. and Seiwert, V. J.: "The Treatment of Angina Pectoris with Pure Crystalline Khellin" ANN. INT. MED. 36:1190-97, May, 1952.

LIOYD BROTHERS, INC., CINCINNATI 3, OHIO

Eisenhower's complete statement follows:

"I have received a number of requests for comment on the various aspects of the health plank in the Republican party platform, and particularly on the question of compulsory health insurance.

"In the first place, I think it is important for Americans to keep in mind the fact that the people in this country receive better medical care than anywhere else in the world. We recognize that the local, state, and Federal Government has a responsibility to assist the unfortunate, but it must not be in ways which will lessen or weaken the benefits already available to the vast majority. We must not, in providing for the few, wreck the system under



"You used to see all the old magazines in the doctor's office; now you see all the old movies!"

which so many can obtain adequate care. In other words, we must look forward to progress and expansion of the good rather than resort to any foolish experiment that would nullify what our system has already achieved.

Against Federal Control

"I am opposed to a Federally operated and controlled system of medical care, which is what the Administration's compulsory health insurance scheme is, in fact. It would destroy things that are essential to high-grade medical service.

"For instance, we must preserve the completely voluntary relationship between doctor and patient. This means that there must be no intermediary—and that is what the Government becomes if the doctors get paid, not by the patient, but by the Government.

"The progress of American medicine is no accident. It has been achieved because the doctors and scientists of this country had their hearts in their work. They were doing what they wanted to do, not what they were compelled to do. They had the incentive to constantly improve themselves, in order to rise in their own profession and to make a better living. These incentives would disappear under Government bureaucratic control, because promotion and increased compensation for most doctors would come more by seniority than by merit.

"But still more important is the

CORTISONE therapy

ORTOG

k

y

d o

The name Schering has come to stand for pioneering research and leadership in steroid hormone chemistry. Now Schering adds this new important product to its steroid line—available in ample amount to meet all your cortisone needs.

Available as 25 mg. tablets, bottles of 30. For complete information write to our Medical Service Department.

Schering CORPORATION . BLOOM FIELD, N. J.

teaspoon dosage good taste

Terramycin

suspension and convenient

of pure (ysta), the Terranyon in each palateb and convenient teaspaorful unexcelled for patients young and aid.

DON'T MISS



APPEARING REGULARLY IN THE J. A. M. A.

effect of compulsory methods on the patients, whose confidence in the doctor may be seriously impaired. The patient may fear—and no cloubt correctly in many cases—that he would receive regimented, assembly-line treatment instead of care that is tailored to his individual needs.

Dictation or Regulation?

"He may well fear that Federal controls would be unrealistic or impractical because of dictation from Washington as contrasted with necessary regulation by local medical agencies, which are intimately acquainted with the widely different needs of each area of our country.

"The patient would find that he

would be worse off as a taxpayer, too, because it would require a whole new army of Government clerks to handle the records that would be an essential part of a compulsory system.

"Any move toward socialized medicine is sure to have one result: instead of the patient getting more and better medical care for less, he will get less and poorer medical care for more. Experience has shown that American medicine outstripped the world on a voluntary basis, and on that basis—plus voluntary insurance plans, together with locally administered indigent medical care programs for those unable to participate—the needs of Americans will most adequately be met."



"All the instruments and sponges are accounted for, but one of the <u>nurses</u> is missing!"

Your Economic Weather Vane

[CONTINUED FROM 95]

All the survey breakdowns in this issue are based on the replies of these independent practitioners.

A favorite question about any survey—and one that's never easy to answer—is, "How reliable is it?" Our reply is that this one, within its limitations, is as reliable as honest, conscientious work can make it.

Admittedly, a survey of this kind has its limitations. Doctors with either very high or very low incomes may, for obvious reasons, have hesitated to fill out the questionnaire or may even have "adjusted" the figures slightly. Nor is there any guarantee of the accuracy of any doctor's responses.

Certainly the results would have



been more acceptable, statistically, if they'd been based on a *full* response from a properly selected mail or interview group. But it's patently impossible to get a full response to questions that ask a man's income, political views, and the like.

Because the best approach wasn't feasible, we settled for the next best: We obtained a reasonably large sample from the entire profession and weighted it where necessary to assure a true cross-section. And our experience with past surveys has convinced us that the method is a good one; our findings in the past may not have been exact, but we feel that they were pretty close to the true state of things.

Ours is essentially the method used by the Department of Commerce in its major survey of doctors' incomes in 1949. And it's worth noting that the department's figures correspond closely with ours, when interpreted in the light of the year and the age group covered.

Results of this study are being presented, several topics a month, in MEDICAL ECONOMICS. Breakdowns are made by such variables as years in practice, city size, geographic area, and specialty. The survey results are also to be published in booklet form.

To readers who filled in and returned the questionnaires that made the study possible, the editors extend their sincere thanks. These doctors have rendered a useful service both to themselves and to the profession as a whole.

JTOCI 100



aster application, positive action—Based on the landard Michel technic, the Autoclip Applier is fast nd positive. Autoclips can be applied to the skin as being spidly as the edges of the wound can be proximated worth the surgeon can concentrate on the actual closure.

osmetic results are better.

OR EMERGENCIES - The compact Applier weighs only vo ounces-can be carried loaded and sterile in your e, geo- ag always ready for use. When using the Autoclip he sur- applier, nursing assistance is not required. The Autoblished lip Applier holds 20 Autoclips-(18mm.), Autoclips e double wound clips; fewer are needed.

For complete description, write for Form 531

	To complete description, write for Form out.
ľ	JTOCLIP Applier 41/2"x1 1/2"x 1/2", rustless metal,
ı	chromium plated \$23.50
ı	JTOCLIPS 18mm., 20 nickel silver double clips per rack
ı	100 clips (5 racks) to a box
ı	1000 clips (10 boxes) to a carton
ı	uantity Discounts 5M-5%, 10M-10%

Order from your surgical supply dealer





Rack of 20 Autoclips is speedily

loaded into magazine.

ADENARK REG. PENB PAT. APPLIED FOR

Clipping towels to skin-another important use for Autoclips.

cally. ll re-

ected

s pa-

ll reman's e like. vasn't next nably pronecction. t surt the dings en ex-

pretngs. ethod Com-

octors

e vear

month,

Break-

riables

and reat made ors ex-These ul serv-

to the END



Fast, Positive Relief

Employed as the sole medication, Arobon quickly controls the simple diarrheas so frequently encountered in patients of all ages. Prepared from specially processed carob flour, it provides a high natural content of pectin, lignin, and hemicellulose. Its water-binding action promptly leads to formed stools, and the occluding activity of its contained pectin and other complex carbohydrates binds and removes offending toxins and bacteria. Arobon is pleasant to take and tends to counteract the nausea associated with diarrhea.

No Interference with Antibiotic Absorption

Clinical studies have shown that Arobon does not interfere with the absorption of orally administered broad spectrum antibiotics. Hence it can be given to advantage in the specific dysenteries in conjunction with antibiotic therapy for its valuable action upon intestinal motility.

The average single dose for adults is 2 tablespoonfuls in 4 oz. of milk, and for children, 1 tablespoonful in 4 oz. of milk,

for infants, 2 teaspoonfuls in 4 oz. of water or skim milk and boiled for 1/2 minute.



Arobon is available in 5 oz. bottles at all pharmacies.

THE NESTLÉ COMPANY, INC.

WHITE PLAINS, NEW YORK

The Newsvane

Physicians Shoulder Cost Of Credit for Patients

Most medical budget plans charge the patient extra for the privilege of paying his doctor bill in installments. Not so the doctor-controlled Medical Bureau of Pittsburgh, which offers *free* installment conveniences to credit-worthy patients—and collects service costs from its professional members.

This unusual approach has paid off consistently for twelve years, according to Philip H. Woods, D.D.S., manager of the bureau. In that period, more than 19,000 patients have been accommodated—some as many as five times—and more than \$1 million in discounted fees has been turned over to 1,200 physicians and dentists.

Established in 1937, the bureau began handling collections in the usual manner. Then, in 1940, a "Budget-for-Health" plan was set up. Its aim: to provide credit benefits at no additional cost to those unable to pay right away for professional services. Here's how the plan works:

The doctor sets his fees in advance. Then, if the patient needs credit, he's given a form introducing him to the bureau. A quick

check determines whether the applicant is regularly employed, can afford reasonable payments, and has an acceptable credit record. On an approved application, the doctor gets his fee as soon as he certifies to the bureau that treatment has been completed.

The bureau doesn't handle fees of less than \$50. The doctor pays a \$3 service charge for each case, plus 6 per cent of the fee. There's no charge if the credit application is disapproved.

Advantages of the plan work both ways, Woods points out. If the patient is not a good credit risk, the physician finds it out early. Otherwise, he's assured of receiving the bulk of his fees promptly, and he's spared bookkeeping and billing expenses.

Fagged British Doctor To Inherit Vacation

Bowed down by heavy patient loads under the National Health Service, weary physicians in Great Britain have discovered that somebody cares. In appreciation of the profession's plight, a sympathetic admirer recently left vacation money for one of them in her will.

The legacy from Mrs. Alice Mary

or codeine's analgesia-

without that dopey feeling

or scrib

Edrisal* with Codeine

(c raining Benzedrine* Sulfate)

Each Edrisel with Codeine' tablet contain

Co leine sulfate

Ac tylenlicylic acid

Ph nacetin

ote: for 1/2 gr. codeine, prescribe two tablets

Sn. uh, Kline & French Laboratories

Ph ladelphia

Blandford, of Shropshire, amounts to \$560. It will go to "a tired and overworked male doctor" chosen by the governors of St. Bartholomew's Hospital, London. He's to spend it for "ease of body and refreshment of mind," traveling first class and stopping at good hotels for at least a month—or as long as the \$560 lasts.

Prepayment Soon to Cost 20% More, Says Becker

Hospital bills may be 20 per cent higher in a couple of years, warns Harry Becker, health expert of the United Auto Workers, C.I.O.; and naturally, this boost may carry prepay-plan rates up even higher. So the time is ripe, he believes, for a crossroads decision on where to go from here:

Should prepay-plan benefits be cut, in an effort to hold premiums down? Or should full coverage be assured, even though maintaining it will inevitably push insurance rates up?

There's no question about which way Becker leans. "The choice," he says, "is whether the courage out of which prepayment was born a few years ago will again . . . drive straight ahead to the original goal of making comprehensive care generally accessible; or whether we take the temporarily easier route of retreat . . . toward lower benefits and fewer funds for financing hospital care."

People expect their prepay plans



Harry Becker
Don't cut prepay benefits!

to cover most health expenses, Becker adds. So "the underlying purpose [of prepayment] is defeated if benefits are reduced." Besides, reduction of benefits would be a regressive step; and "America, with respect to standards of living, is geared to progressive increases, not regression."

Although hospital costs have been "rising . . . about 1 per cent a month for the last ten years," Becker sees no cause for alarm. It simply reflects the nation's higher standard of living, he believes: "The consuming public wants the services now received and has the income to pay the bill."

Prepayment, Becker concludes, "will work successfully for 90 to 95 per cent of the population." He even foresees the day when "the head of every family in America feels as un-

America's Finest Soils Give Heinz Baby Foods Extra Nutritive Value!

Heinz Knows You Want The Babies In Your Care To Enjoy Mineral-Rich, Vitamin-Packed
Fruits And Vegetables From The Nation's Most Fertile Farms. That's Why Heinz
Kitchens Are Located In America's Richest Growing Regions—So We Can Scientifically
Process Baby Foods Of Maximum Nutritive Value. Finer Flavor, Color And Texture!



OVER 50 VARIETIES: STRAINED FOODS . . . JUNIOR FOODS . . . PRE-COOKED CEREAL FOODS . . . PRE-COOKED OATMEAL . . . PRE-COOKED BARLEY CEREAL

protected without prepaid hospital care as the homeowner feels without fire insurance."

Maryland Hails 7 Years Of Indigent Care Plan

ked

ally

EAL

el

Though still subject to growing pains after seven years, Maryland's medical-care program for indigents has won public and professional acceptance, according to its latest progress report.

Featuring fees for service and free choice of physician, the program has operated on an expanding scale since June, 1945. It is under the administration of the Maryland State Department of Health, with local control vested in twenty-three county health departments.

On the average, about 25 per cent of all public welfare recipients have requested medical care from the plan each month, says Dr. Herbert Notkin, assistant chief of the state health department's Bureau of Medical Services and Hospitals. "This may seem fairly high," he observes, "but . . . this group has more illness than the general population . . . and many have become recipients of welfare because of illness."

Sixty per cent of those receiving free medical care are on the welfare rolls. The remainder are "medically indigent"—normally self-supporting people who, because they can't afford the added cost of illness, have been certified by the county health departments as eligible for care.

About 75 per cent of the state's

practicing physicians take part in the program, according to Dr. Notkin's report. Fees for their services accounted for nearly 68 per cent of the total cost of the program in 1951.

Second largest cost item was drugs. In 1951, drug costs amounted to 26 per cent of all disbursements, although five years earlier the comparable percentage was only 14.5. Rising costs and a growing tendency of physicians to prescribe newer and more expensive drugs are reflected in the increase, says Notkin.

Comparative figures for 1947 and 1951 show a rapid all-around expansion. In 1947, slightly more than 15,000 patients received treatment from 743 participating physicians at a total cost to the state of \$366,000. Last year, nearly 25,000 patients were treated by 852 doctors at a cost of \$661,126.

Though apparently accepted by physicians and patients, the program is still under attack from economy-minded members of Maryland's General Assembly, says Dr. Notkin. Among their objections:

¶ Many patients now enjoying free medical service could and should pay for it.

¶ Many patients "shop" from doctor to doctor until they get the particular treatment or prescription they want.

Some doctors perform unnecessary services in order to profit at the expense of the state.

Unfortunately, Notkin admits,



Eric Sanderson
Swimming lesson for voters

there is some truth in each of the charges, though administrators of the program feel that abuses have been kept at a minimum. More important, he emphasizes, is the need for keeping costs low:

"Unless marked economies can be effected . . . the only way to live within the budget is to prorate payments to professional participants." Under existing policy, prorating is mandatory if any one month's bills exceed the allocation of funds for the period.

How can physicians keep costs down? Dr. Notkin suggests that they:

¶ Write fewer prescriptions. Since 1947, when forty-five prescriptions were written for each 100 calls, the average has swelled to sixty-five.

¶ Teach patients not to request home calls if they can make office calls. Under the plan, some physicians have been making more than 80 per cent of their calls at homes. Yet, he points out, the statewide average for home calls is only 30 per cent.

'Buddy System' Invoked To Assure Doctor Vote

Seattle's medical men are borrowing a boyhood device to get out a 100-per-cent doctor participation in next month's national election. The "buddy system"—under which youngsters at summer camps go swimming in pairs for mutual protection—will be in full force Election Day. King County Medical Society members will be thus encouraged to strike out for the ballot boxes, calm or storm.

The "buddy system," as Dr. Eric Sanderson, editor-in-chief of the society bulletin, points out, makes each member liable for the actions of another. Here's the way Dr. Sanderson believes the plan should work:

Ima

whe

ord

stra

Ima

muc

fash

ing

ords

you

leav

your

keep

you

TEL

EDIS

Sen

Rec

"As soon as you have finished breakfast on Election Day, stop at your polling booth and vote. Probably nothing else you do that day will be any more important.

"Then make your rounds, go to your office, or do your surgery. Before noon, though, take your [medical society] roster and find your own name. Directly under it there is another name. He's the man you call on the phone—your buddy . . .

"'Hello, Dr. Adams,' you say;



Imagine, doctor, simplifying paper work to the point where it's as easy as phoning! Imagine having records always up-to-date and so complete you can use straight copies for referrals and insurance reports! Imagine getting records done in ½ the time! Too much to hope for? Not with Televoice, the new-fashioned Clinical Recording System. Handy dictating phones are located in your office wherever records originate. You simply "phone" the record as you examine, as you treat, or just after the patient leaves. Your words are delivered instantaneously to your secretary—for immediate typing. Your records keep pace with your practice—and the extra time you gain for practice quickly repays the cost of Televoice. Take a moment to get the whole story...

TELEVOICE saves you time —enough time to see two to five additional patients per day!



EDISON TELE VOICEWRITER

sian

es.

ver

N-

n. eh

go o-

oirot

ic

0-

ns

d

d

it

y

r

The Televoice System

Send for brochure, "PHONE Your Medical Records!" It shows how TELEVOICE gives you ideal records. Mail the coupon today.



EDISON	90 Lakeside Ave., West Orange,			N. J.	
Please	send	"PHONE	Your	Medical	Records

ADDRESS

NAME.

CITY____ZONE_STATE_

potent

oral

therapy for bacterial infections

Dramcillin

wider therapeutic control

greater convenience

Dramcillin - 500 Dramcillin - 250

Dramcillin-250

Dramcillin - 250

Tablets

Dramcillin

Dramcillin Dropcillin



For today's BUSY physician, it's "FOILLE First in First Aid" in the treatment of burns, minor wounds, abrasions—in office, clinic or hospital.

CARBISULPHOIL COMPANY
2925 SWISS AVE. • DALLAS, TEXAS





'this is Dr. Ackerman. Did you vote?' If he says yes, congratulate him. If no, browbeat him into voting right then . . . If your buddy is . . . out of the county, skip him and take the next man. But don't flinch at spending twenty cents or so . . . It's deductible, you might get a referral, and if you both vote right you may save it in next year's taxes . . .

fc

wi

01

PR

me

ef

fo

Pa

sy

ra

si

T. M.

le G

"At the close of the polls, then, we will have 100 per cent of our boys home and dry . . . Anything less . . . is disgraceful. Let us have no pieces in the paper to the effect that doctors griped for four years and then only 60 per cent of them voted."

Dr. Sanderson's forthright summons will be followed up during voting hours by a spot-check of doctors, conducted by a society committee.

Society Won't Censure M.D. Who Assists D.O.

Physicians in small towns know that the A.M.A. regards osteopathy as a cult, and they're familiar with the A.M.A. ruling that "voluntarily associated activities with cultists are unethical." But they sometimes find themselves practically forced to work with osteopaths because of local conditions; and nowadays local medical societies even nod approval. Witness a recent decision made by the New Mexico Medical Society:

Last year the society received queries from two puzzled members,

P B A N I A L

A vagal blocking agent for peptic ulcer with LOW incidence of SIDE EFFECTS

PRANTAL* methylsulfate (diphenmethanil methylsulfate) is an
effective anticholinergic agent
for treatment of peptic ulcer.
Pain, pyrosis, nausea, and other
symptoms of this syndrome are
rapidly relieved. Troublesome
side effects seldom occur.

⁴7. M. Tablets 100 mg. q. 6 h.

Schering CORPORATION
BLOOMFIELD, N. J.

In Canada: Schering Corporation, Ltd., Montreal, Que.



ou ate

is nd

re-

ght ir's

en, our ing

ect ars em

m-

ing oc-

m-

hat

s a

asare ind to

of lo-

ion cal red

of prime importance — THE RELIEF OF PAIN

"There is little doubt that, when analgesics are employed

on a rational basis, physicians will come nearest to fulfilling
with credit that phase of medical practice which, at least to the patient
and his family, is of prime importance — the relief of pain."

Editorial: J.A.M.A. 149:66 (May 3) 1952



lling

prompt ... prolonged ...

prescribed relief of pain

analgesic-antipuretic

rapid, direct analgesia

Apamide quickly relieves pain and reduces fever through direct analgesic-antipyretic action. It avoids the delay inherent in compounds that require metabolic transformation to produce analgesia. prolonged relief of pain

Apamide goes to work fast. It raises the pain threshold substantially within 30 minutes, reaches peak effect in about 21/2 hours and continues to be effective for approximately 4 hours. well-tolerated analgesic

Apamide is a pure, active agent that does not produce extraneous, possibly toxic metabolites. High dosages over long periods have not been shown to cause toxic reactions or gastric upsets. It is extremely valuable in patients who cannot tolerate salicylates. R. only

Available only on your prescription, Apamide permits precise control of dosage and duration of treatment by you. Prescribe it for relief of pain and reduction of fever in respiratory infections, functional headache, muscular or joint pain and dysmenorrhea. adult dose, I tablet every four hours.

> for a sedative-analgesic prescribe

APROMAI

(N-acetyl-p-aminophenol, 0.15 Gm. and acetylcarbromal, 0.15 Gm.)

non-narcotic, non-barbiturate

Apromal is especially valuable in those cases where pain coexists with tension, anxiety, restlessness, excitement, nervousness and irritability. Apromal contains Apamide and the widely used, gentle daytime sedative, acetylcarbromal. Enhancement of both analgesia and sedation is secured by this combination. Average adult dose, I tablet every 4 hours.

AMES

COMPANY, INC., ELKHART, INDIANA

es Company of Canada, Ltd., Toronto

for the more common bacterial infectious diseases

Oral Penicillin t.i.d.



Pentids

effective
convenient
fewer side effects
economical



Dr. L. G. Foster, of Santa Rosa, and Dr. Charles Long, of Socorro. Each of these men—explaining that he was the sole M.D. in a county with only one hospital and one osteopath—asked for guidance: If the hospital should accept the osteopath, ought the M.D. to refuse to serve on its staff?

After pondering the problem in the light of pioneer traditions of using available resources to best advantage, the council has now come up with an answer. It advises, in effect: "Use your own judgment. The society won't censure your conduct if you work with the D.O. for the welfare of patients."

Doctors Getting Funds From the R.F.C.

One of the less-publicized activities of the Reconstruction Finance Corporation is lending money to doctors. It's been going on for about ten years, and a check-up last month showed that the totals are noteworthy. All told, the R.F.C. has loaned \$1,891,435 to 217 individual physicians and dentists—plus several millions more to clinics, hospitals, and similar organizations.

The totals would be even larger, were it not for the fact that the R.F.C. is a "lender of last resort." It's forbidden by law to make loans that private lenders are willing or able to make. In other words, you have to be turned down by, say, a bank or two before the R.F.C. can consider your application.

Terms are about the same as prevail with commercial lenders:

¶ Interest at 4 per cent on loans (or parts of loans) guaranteed by the Veterans Administration under the G.I. Bill of Rights. The rate is 5 per cent for other R.F.C. loans.

¶ Up to ten years to pay the loan back—though most medical loans run for about five. The length depends in part on the useful life of what's bought with the borrowed money.

¶ Repayment is generally on a monthly basis, though other arrangements can be made.

Most R.F.C. loans go for furnishing or equipping offices. And most of the medical borrowers are young doctors just out of interneship or military service. Here are a few examples:

One young Army veteran, now practicing in Wisconsin, got \$3,250 toward the purchase of X-ray equipment. His is a G.I. loan, so the interest rate is 4 per cent. He's supposed to pay off the loan in thirtynine monthly payments. Collateral: a lien on the equipment.

Another doctor, just through with his hospital training, was able to borrow \$5,400 for four years. The money has gone for a diathermy machine, a BMR unit, air conditioning, and furniture for his suburban office. Interest here was 5 per cent, with the loan secured by a lien.

A California veteran swung a \$3,500 G.I. loan for fluoroscopic and other equipment. He's repaying it monthly. Terms: 4 per cent an-

Here is what the clinicians are reporting about NEO-PENIL*... the new derivative of penicillin

... about its ability to concentrate in the lung:

"... concentrations of this drug in the lungs after intramuscular injection are five to ten times higher than that of benzylpenicillin [penicillin G]."

... about its ability to concentrate in sputum:

"Neo-Penil gave rise to significantly higher concentrations of penicillin in bronchial secretions than did procaine penicillin . . ."²

"Procaine penicillin, in the same dosage, produces considerably lower sputum levels or fails to appear at all."

... about its effectiveness in bronchopulmonary disease †:

"Our own evidence would indicate that it is a more effective form of penicillin in patients with chronic pulmonary emphysema and bronchopulmonary infection."

"This compound appeared to have a unique value in respiratory infections due to gram-positive bacteria."

"Prompt reduction or elimination of pus from the sputum occurred in 75 per cent of fifty patients with chronic bronchitis and bronchiectasis, with a comparable clinical improvement."

†For additional evidence, turn to page 62

... about its ability to concentrate in other tissues:

"... it is apparent that this compound possesses chemical or physical properties that bring about a higher concentration of penicillin than that brought about by procaine penicillin in: the erythrocytes and leucocytes of cats, in the lungs of dogs, and in bronchial secretions, spinal fluid, and umbilical cord blood of humans."²

... about its toxicity:

"... the toxicity of the compound appears to be of the same order as that of procaine penicillin."3

Bibliography

- Barach, A.L., et al.: Advances in the Treatment of Non-Tuberculous Pulmonary Disease, Bull. New York Acad. Med. 28:353 (June) 1952.
- Flippin, H.F.: 'Neo-Penil', a Penicillin Ester with Unusual Pharmacologic and Clinical Properties, report distributed at the Chicago Session of the American Medical Association (June) 1952.
- Segal, M.S., et al.: Advances in the Management of the Patient with Intractable Bronchial Asthma, paper delivered before the National Tuberculosis Association and the American Trudeau Society, May 28, 1952, at Boston.
- Segal, M.S., et al.: The Therapy of Chronic Pulmonary Emphysema, GP, in press.

'Neo-Penil' is available at retail pharmacies, in single-dose, siliconetreated vials of 500,000 units.

Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off. for penethamate hydriodide, S.K.F. (penicillin G diethylaminoethyl ester hydriodide) Patent Applied For

FULL INFORMATION ACCOMPANIES EACH 'NEO-PENIL' VIAL.

lar lin

ni-

ver

of n-

ry

ed :c-

For the patient under tension

Trasentine Phenobarbital

BRAND OF ADIPHENING

relief of smooth-muscle spasm, easing of pain

Worry, anxiety, fear—such "pressures" often account for visceral spasticity. To offset them, Trasentine-Phenobarbital provides mild sedation—as well as effective spasmolysis, rapid relief of pain.

Whenever you suspect a psychosomatic factor in visceral spasm, Trasentine-Phenobarbital is a logical prescription. Each tablet contains 50 mg. Trasentine hydrochloride and 20 mg. phenobarbital. Bottles of 100 and 500. Ciba Pharmaceutical Products,



2/10710

-ar

stre R.F

at a mai The

tion.

has

R.F.

goin

Fin

Pla

"No

than

is be

tors

healt back

hurt lieve enou nente Th ente ney mane view last r

plan's

nually for four and a half years.

How does a doctor go about getting an R.F.C. loan?

First, he has to show that he's been turned down by his own bank and, maybe, by the one across the street. Then he has to fill out an R.F.C. application blank, available at a score of local offices or from the main office in Washington, D.C. The application asks a lot of questions about financial conditions, collateral, and where the applicant has tried to borrow previously. If the applicant is a veteran, the R.F.C. will start the G.I. machinery going, too.

al

pain

pres-

ceral

itine-

ation

lysis,

hoso-

asm.

gical

ns 50

nd 20

0 and

lucts,

ba

2/10719

Finds Permanente Health Plan Thrives on Knocks

No profession is more competitive than medicine. Frankly, Permanente is being opposed because some doctors fear that the [Permanente health] plan, with Henry Kaiser's backing, will grow big enough to but their business. We don't believe it will. We believe there's room enough both for plans like Permanente and for individual practice."

This clarification of the Permanente attitude is offered by Dr. Sidney Garfield, director of the Permanente Foundation, in an interview with Dan Fowler, published ast month in Look magazine.

Fowler clarifies Carfield's use of the word "big" by itemizing the plan's formidable resources:

The non-profit Permanente Foundation operates ten clinics scat-

tered through California, Washington, Oregon, and Utah, plus seven hospitals. Two more hospitals are soon to be built in Los Angeles and San Francisco.

¶ Permanente's medical staff has 139 full-time and some thirty parttime physicians, who are associated in a mammoth group as partners or employes. Annual incomes range up to \$30,000.

¶ More than 200,000 patients support this constellation of medical facilities via the prepay Permanente Health Plan, largely through payroll deductions. Restricted to Kaiser employes when it started ten years ago, the plan now accepts outside subscribers as well. The base cost is \$3.25 a month for a single member, \$6.95 for a family of four. This covers major medical and surgical costs, hospitalization for as many as 111 days, medication, even ambulance service.

¶ There is a fee for some of the commoner medical services. The subscriber, for example, must pay \$1 for an office call, \$2 for a home visit, \$15 for a tonsillectomy, \$60 for complete maternity care. But pneumonia, hernia, and appendectomy, among other things, are completely covered.

"What Permanente is doing is to cut the cost of medical care and pass the savings on to the patient," says Dr. Garfield. Time and money are saved, he explains, by having physicians, surgeons, X-ray and diagnostic equipment, laboratories and surgical facilities all rounded up



MEDICAL MOMENTS ... SELF-CURE

"Fooled you again, didn't I, young fella? Been smoking cigars! Yessir! Drinking whiskey, too. Threw away those pills you gave me...hog-swill! Out-live you and..."

You probably have your share of local irritants that you've just got to tolerate. Like seekers of free advice, amateur medicos...and obstinate patients like the crusty customer pictured above.

But there are certain other irritations you don't have to put up with. One of them is hospital hands; hands that get tender and sore from frequent and energetic scrubbings. Not when it's so easy and so pleasant to keep them smooth and comfortable with Noxzema. It's delightfully soothing—helps heal the tiny cracks. And Noxzema is greaseless, too. No greasy mess on your hands.

Here's another good tip. Rub a little Noxzema on your feet some

night when they're hot and tired after a hard day. See how cool and refreshing it feels, how much better you feel afterwards!

For Your Information

Regular Noxzema Skin Cream is a modernization of Carron Oil, fortified by adding Camphor, Menthol, Oil of Cloves and less than ½% of Phenol in a greaseless, solidified emulsion. Its reaction is almost neutral—the pH value being 7.4.

If you haven't tried Noxzema Skin Cream, we will be happy to send you a generous complimentary jar. Just drop a card to Dept. W, Noxzema Chemical Co., Baltimore 11, Md.



Sidney R. Garfield and Henry J. Kaiser

They believe Permanente spurs private practice

under one roof at each clinic. "Every medical-center specialist is immediately available to every other specialist for consultation."

irs!

vou

ired

cool

uch

But the biggest saving, according to Garfield, comes from preventive medicine. "To the private physician, a sick person is an asset. To Permanente, a sick person is a liability. We'd go bankrupt if we didn't keep most of our members and their families well most of the time."

Result: "Last year Permanente showed a million-dollar surplus, which is being put back into expansion, upkeep, research, and charity," the author writes. He surmises that the expansion may well follow Kaiser enterprises into other parts of the country.

In his interview with Fowler, Dr. Garfield undertook to spike three charges sometimes leveled against Permanente: 1. Does Permanente deny patients free choice of physician by limiting them to the doctors of the group? Carfield maintains that a subscriber has a wider choice than does a non-subscriber (who is limited to his family doctor's referral contacts), since there are 169 physicians on the Permanente staff.

2. Does Permanente destroy freeenterprise incentive among its doctors? No, says Garfield. Its doctorpartners share part of the group income as do partners in law or engineering firms. Employed physicians are paid salaries as in other clinics. These arrangements, he claims, "provide doctors with freedom from economic pressure, which enables them to give a patient complete care regardless of his financial condition."

 Does Permanente practice "assembly-line medicine"? "We plead guilty," Dr. Garfield says, if this means that "we eliminate needless duplication and cost. But we don't destroy the close doctor-patient relationship."

Permanente actually stimulates the practice of non-member physicians in the vicinity, according to Garfield. As Permanente's patients become health-conscious, they create a demand for medical attention among non-members as well. "Private physicians get more business and people better health," he maintains.

What does Founding Father Henry Kaiser say about his Permanente "revolution in medicine"? Fowler quotes him:

"Why is the demand for membership ahead of our ability to handle it? Why are 400 private physicians in Oakland and San Francisco bringing some of their patients to our Oakland-Permanente Hospital? Because we have the equipment, that's why."

D.C. Medical Society Now Open to Negroes

The medical society of the nation's largest Southern city has dropped its ban against Negroes. By a vote of 735 to 296, doctors in Washington, D.C., have settled a question that has burned fitfully since 1869. What's more, they've reached the settlement without a harmful fight.

It's no secret that Washington is a Southern town. Negroes and whites attend separate schools, eat in separate restaurants, even serve in separate fire companies. With the exception of the government-supported Freedman's Hospital and Howard University Medical School, Negro physicians have no privileges in the city's hospitals.

The hospitals don't bar Negroes as such. But they do require staff members to belong to the D.C. medical society—and no Negro physician has been elected to the society since its founding in 1818. Though nothing in its constitution denies membership to Negroes, they've been banned in fact, if not in name.

Ending the ban was a three-year process, handled with the utmost tact by the society and its leaders. After an initial meeting on the subject, requested by Negro physicians, the question was put to the society's membership in an informal opinion poll, conducted by mail. The results showed twice as many doctors favoring admission of Negroes as were opposed. Later, a formal vote produced an even greater majority.

So far, several colored physicians have applied for society membership. Following normal admission procedure, some of these have already been examined by the Board of Censors. The board's recommendations are subject to approval of the society's Executive Board and, after a year's probation, of the entire membership. But in view of the vote on the original question, a favorable vote is considered certain.

Admission to the medical society doesn't mean, of course, that the doctors will automatically receive

No need for GUESSWOTE when you buy a Viso-Cardiette

You can Learn a great deal about electrocardiographs from descriptive literature, the makers' representatives, and the experiences of your colleagues. But, when it comes to deciding which one to buy you should not be asked to base your choice solely on the information thus obtained. Instead of "guessing" that the chosen 'cardiograph will be the right one for you, you should be permitted to



"try it out" for a while under the exact conditions you would be using it.

That is why Sanborn Company invites any seriously interested doctor, hospital or clinic to

TEST A VISO-CARDIETTE FOR 15 DAYS— WITHOUT ANY OBLIGATION WHATSOEVER.

his exclusive Sanborn plan places a Viso-Cardiette in your hands for 15 days. You run tests on your own patients, examine the instrument thoroughly inside and out, invite others to appraise it (especially your engineering friends), and compare its construction, performance and records with those of any other make. Then, at the end of the "frial" period, if you are not completely satisfied, you simply return the instrument to us. Yes, it's as easy as that—and you're under no obligation!

The coupon at the right may be used to ask for a 15-day Viso-Cardiette test, or simply to request descriptive literature.

eering		
	ested in a 15-day te	st of the Viso-
O I am inter	ease send details.	but would
		10 ,
like descrip	tive literature.	
NAME		
1 STREET_		
CITY & ST	ATE	ME 10-32
	_CAND	ADM
L	TANK	UKNC

CAMBRIDGE 39, MASSACHUSETTS

n

e 1n

st

s.

)-

S,

S

n

7-

e

)-

ıs

rn

]-

d

1-

of

ł,

1-

ie

7-

rei



hox still the ber

Mo Ha exp and cian

doc The Fre

med mir med stea "Ro

ated bee dio.

cou lays

doc mag illne neit

nos trea

WOI

hospital privileges. "Hospitals can still exercise discretion in choosing their staffs," says one society member, "and no hospital in this town is completely open yet."

Medical Science Has Been Oversold, Says Author

Has the public been encouraged to expect too much of medical science and, therefore, of individual physicians? Are doctors, as a result, losing the confidence of patients?

"Yes!" says Evelyn Barkins, a doctor's wife, in a new book, "Are These Our Doctors?" published by Frederick Fell, Inc.

According to Mrs. Barkins, when medicine falls short of the hoped-for miracles, the patient seldom blames medical science for the failure. Instead, his verdict invariably is: "Rotten doctors!"

Though much of the "exaggerated reverence" for medicine has been inspired by lay magazines, radio, popular fiction, and movies, Mrs. Barkins contends that doctors themselves have been guilty of encouraging over-optimism among laymen. She warns the profession it should let the public know that (1) doctors are ordinary men and not magicians; (2) "there are still many illnesses that can be diagnosed but neither treated nor cured, and even more diseases that defy both diagnosis and cure"; (3) many new treatments don't always work the wonders they're supposed to.

Adds the author: "If the limita-



Evelyn Barkins
Time for medical debunking

tions of medicine were made as well known to people as are the unlimited possibilities, then everyone would come to understand when it is that science is failing them, and when their doctors are personally to blame... Only by knowing the real truth about the medical world can people regain satisfaction and confidence in their doctors."

What can physicians do to set patients straight? First, says Mrs. Barkins, the doctors can debunk themselves a bit. They can doff the bedside manner that combines "omniscience, omnipotence, and condescension." They can practice more humility and apply a sense of humor to themselves. They can persuade the public that "there is no magic, no mystery in doctoring, any more than there is in plumbing . . . There is only a man with a little

Efficient spasmolysis

... in functional disorders

... such as irritable colon, emotional diarrhea. peptic ulcer, pyrosis; also for inflammatory diarrhea due to acute gastroenteritis or ulcerative colitis, and functional dysmenorrhea.

Elixir

BUTISOL° BELLADONNA

-has a more definite, efficient antispasmodic action because it combines in each 5 cc. (one teaspoonful):

1 · BUTISOL SODIUM 10 mg. (1/6 gr.)—"intermediate sedative" which is "particularly useful in the field of daytime sedation."1 The mild, relatively prolonged action of Butisol Sodium "makes it suitable for management of many functional disorders."1

2 · EXT. BELLADONNA 15 mg. (1/4 gr.) - in its preferred and most effective form-the natural extract rather than the synthetic alkaloids.

...in an exceptionally pleasant-tasting clixir colored an appetizing orangered. Supplied in bottles of one pint and one gallon. Samples on request,

> 1. Dripps, R.D.: Selective Utilization of Bu LAM.A. 139:148 (Jan. 15) 1949.

MENEIL LABORATORIBS, INC., PHILADELPHIA 32, PA.



In the treatment of para-nasal infection, local therapy remains of paramount importance. Inadequate drainage from closed spaces makes local therapy a necessary component of successful treatment. The bacteriostatic and physical properties of ARGYROL help overcome infection, promote

drainage and provide decongestion without rebound.

For these maximum benefits of ARGYROL be sure to prescribe the Original Package

The ARGYROL Technique

- The nesal meatus... by 20 per cent ARGYROL instillations through the nesolacrimal duct.
- The nasal passages... with 10 per cent ARGYROL solution in drops.
- The nasal cavities . . . with 10 per cent ARGYROL by nasal tamponage.

Its Three-Fold Effect

 Decongests without irritation to the membrane and without ciliary injury. bla

ha

pla "F

ab

so

mi

\$8

M Un

wh

me

Bu

At

the

ma

livi

thi

froi

livi

Wa

city

than

ago

are.

mor

the

sas

only

get

рет

F

1

- Definitely bacteriostatic, yet non-toxic to tissue.
- Stimulates secretion and cleanses, thereby enhancing Nature's own first line of defense.

Decongestion and Relief without Rebound Decongestion without Dysfunction

the medication of choice in treating para-nasal infection Made only by the

A. C. BARNES COMPANY, NEW BRUNSWICK, N. J. AligYROL is a registered trademark, the property of A. C. Barnes Company

black bag who does his best . . . "

And in the case of patients who have fallen for the miracle vendors' line, doctors must be ready to explain the facts in plain English. "Furthermore," adds Mrs. Barkins, "they must make it a point to keep abreast of what new mental poisons are being distributed to the public, so as to . . . anticipate the medical misconceptions under which their own patients are laboring."

\$80-a-Week Family May Still Need Help

Under current economic conditions, what families may need help in meeting medical bills? Those with incomes below \$4,166 a year, the Bureau of Labor Statistics suggests. At least that's the B.L.S. estimate of the minimum income on which an average city family of four can maintain "modest but adequate" living standards.

Minimum income needs in the thirty-four cities checked range from \$3,812 in New Orleans, where living is cheapest, to \$4,454 in Washington, the most expensive city. These figures have risen more than 20 per cent since five years ago.

Rivaling Washington in costliness are, in order, Milwaukee, Richmond, Atlanta, and Los Angeles. At the opposite extreme, Mobile, Kansas City, and New Orleans are the only cities where the minimum budget scales down to less than \$1,000 per person.

Widest discrepancy is in housing costs—\$1,034 in Washington, \$581 in New Orleans. Food is dearest in Savannah at \$1,409, and cheapest in Milwaukee at \$1,296. The B.L.S. earmarks less than 4 per cent of the minimum income for "other costs"—including medical care.

Mailings to Doctors Score New High

The perennial flood of direct-mail advertising is rising steadily above the doctor's desk, according to the latest cheerful survey of the professional mailing firm of Clark-O'Neill, Inc.

In analyzing such advertising received by a busy New York City G.P., the firm finds that this year's volume is up 11 per cent over last year's. (By the same token, volume was up 13 per cent in 1951 over 1950, and up 12 per cent in 1950 over 1949.)

In the twelve-month period just surveyed, says Clark-O'Neill, this doctor was favored with 3,021 mailing pieces of advertising matter, of which a mere 321 were unrelated to the practice of medicine. Figuring 300 mail-delivery days, the average was ten pieces a day.

Pharmaceutical houses sent 2,602 pieces, or more than 86 per cent of the total. These called to his attention 624 products, of which 159 were new, at least in name. Cardiovascular drugs got the most promotion, accounting for about 9 per cent of all pharmaceutical mail. Other

with complete Safety and Simplicity

Cordalin rabiots rapidly produce therepoutic offects comparable to the intravenous or redail administration of aminophylline.

Cardalin

tablets

ra

m

th to co vo

the years of the sugar rel wh

fine

U

Ne

dan too ber resi tier troi dire

wer

get ing,

- · for the cardiac patient
- for the asthmatic patient

FIN N NE STER & E.

LEGATUR HETENOIS

Cardalin

provides 5 grains of aminophylline per dose ... the highest concentration supplied for oral administration. The use of two anti-nauses factor (Aluminus Hydroxide and Ethyl Aminobenzoete) eliminates the nauses, vomiting and gastric irritation that usually accompany high, and aminophylline dosage.

Both Cardolin tablet contains

top categories, and their percentage ratings, were: antibiotics, 9; vitamins, 7.5; hematinics, 6; and ointments, 5.

Free samples numbered 340, having risen over 2 per cent to a three-year high of 13 per cent of the total, despite physicians' periodic complaints of the drug waste involved.

Blotters, incidentally, sagged to an all-time low, appearing in less than 5 per cent of the mail (four years ago the percentage was about 11). Although Clark-O'Neill doesn't suggest that the downward trend is related to the number of doctors who now use the fountain pen that "writes dry," its manufacturer might find inspiration here for an advertising campaign. By direct mail, of course.

Unthinking Doctors Called Menace to Blue Cross

New proof is piling up for the old accusation that physicians are endangering Blue Cross by permitting too-lavish use of its hospitalization benefits. Consider, for example, the results of a month-long audit of patients' charts at Grace Hospital, Detroit. Dr. Kenneth B. Babcock, the director, reports that an independent audit committee (five staff physicians) found their colleagues were boosting Blue Cross expenses by:

1. Letting hospitalized patients get away with unnecessary lingering, if not malingering. One patient,



Kenneth B. Babcock
Who sabotages prepay plans?

after surgery for an intestinal obstruction, remained there for six and a half weeks. Complications? No, conspiracy—according to Dr. Babcock. It seems the patient's company had unexpectedly gone on strike, thus cutting off his income. So his doctor obligingly arranged a long, carefree convalescence—with Blue Cross paying for his room and board.

Another "odious overstay" involved a patient hospitalized for acute ulcer. At first his chart showed such doctor's orders as "Complete bed rest" and "No visitors." Then it began to give the game away: "Install telephone for business purposes . . . Allow secretary to visit for dictation purposes [up to four hours daily] . . . Allow patient to be absent from hospital two hours Thursday to go downtown for business purposes." This case too, re-

For HYPERTENSION



SAFER THIOCYANATE Therapy with

TURASED

TURASED provides rapid and prolonged reduction of blood pressure with lower serum levels of thiocyanate—thus increasing the margin of safety. Comparative clinical study¹ with TURASED has revealed "the infrequency of toxic or sensitivity reactions." In no case did capillary fragility become abnormal while the patient was receiving this preparation.

The potentiated, safer thiocyanate therapy made possible with TURASED is based upon the synergism offered by this original combination of ingredients.

1. Parsonnet, A. E., et al.: J. M. Soc. New Jersey 47: 504, 1950.

Dar tablet:

Pentobarbital Sodium ¼ gr. (16.2 mg.) (Warning: may be habit-forming) Potassium Thiocyanate. ¾ gr. (48.7 mg.) Sodium Nitrite. . . . ½ gr. (32.5 mg.) Rutin 10 mg.

SUPPLIED: Bottles of 100 and 500 coated (yellow) tablets.



THE

E. L. PATCH COMPANY

ported the auditing committee, was an unwarranted drain on Blue Cross.

2. Wasting medication provided under the plan. One patient, Dr. Babcock says, received penicillin and expensive vitamin preparations every four hours for two weeks. Then it was discovered that the attending physician had simply forgotten to cancel his drug order.

3. Ordering laboratory tests too lavishly. The chief offenders here, according to Babcock, are the medical men addicted to "slot-machine diagnoses." They order every lab procedure in the book, hoping that one will hit the jackpot. Their technique, says Dr. Babcock, is based on "either laziness or plain ignorance."

Of course, physicians aren't solely responsible for squandering Blue Cross funds. Babcock suggests that

mg.)

5 mg.) 0 mg. Blue Cross itself could plug some leaks in its operating expenses. It could, for example, hire a few-M.D.'s to "do missionary work among other physicians and hospitals," thus further publicizing the need for economy.

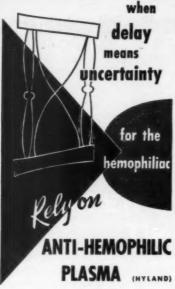
Office Need Renovating? Here's a Financing Tip

Need money at reasonable rates for home or office improvements? Then consider the possibilities in an "open-end" mortgage, as described by House & Home magazine. An open-end mortgage is the easiest and cheapest way to borrow for major repairs or face-lifting modernization, says the magazine; what's more, it enables you to buy better equipment than you could under traditional high-cost, short-term financing.

HAVE YOU CHANGED YOUR ADDRESS RECENTLY?

To insure uninterrupted delivery of your copies of M.E., please return this coupon properly filled out. Address: Medical Economics, Inc., Rutherford, N.J.

Former address	New address:
Street	Street
City	City
Zone State	Zone State



irradiated - dried

BECAUSE the anti-hemophilic component is rapidly lost in stored blood and liquid plasma—and fresh blood may not be ready when needed—Anti-Hemophilic Plasma fills the need for immediate aid in treating hemophilia emergencies.

Specially processed to maintain the anti-hemophilic component at full potency for one year under normal refrigeration, this new Hyland product can be reconstituted within a few minutes. A filter in the stopper permits I. V. administration with needle and syringe. A single intravenous injection will usually reduce clotting time of hemophilic blood to within normal limits for a period of hours, and often for 1 or 2 days, Supplied in 50 cc. vials, together with diluent.



HYLAND LABORATORIES 4534 SUNSET BLVD., LOS ANGELES 27, CALIF. 248 S. BROADWAY, YONKERS 5, N. Y. The term "open-end" refers to the "open" or paid-up portion of a first mortgage in any stage of retirement. Most holders of such mortgages now are willing to advance additional cash needed for improvements. This additional loan—which may amount to as much as the total of payments already made—is simply added to the unpaid balance on the original terms. The property owner then may make accelerated monthly payments, or the mortgage term may be extended to allow him to keep up his present payments.

This comparatively new credit tool last year accounted for additional loans of about \$400 million. "But the open-end mortgage is still not used as widely as it could be," House & Home points out. "This is partly because too few homeowners know about it... But partly also it is because the high cost of title searching in major metropolitan areas has made the use of the openend mortgage impracticable."

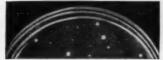
Until now, that is. Heretofore the catch has been that lenders had to satisfy their lawyers and bank examiners that the borrower had put no subsequent lien on his property that might come between their first mortgage and his additional loan. They needed title insurance, which was frequently costly and slow to get.

Now, New York's City Title Company has reduced that hurdle by announcing that for only \$5 per \$1,000 (minimum fee, \$10) it will insure the title on any additional advance within the original total

DIALSOAP with Hexachlorophene

effects 95% reduction in skin bacteria

Photomicrographs show why



t. N

ıl is

it S n ıl n

e

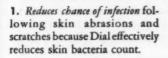
S

S

S

t

With ordinary soap. Even after thorough washing, thousands of active bacteria remain on the skin,



2. Stops perspiratory odor by preventing bacterial decomposition of perspiration, known to be the chief cause of odor.



With Dial soap. Daily use of Dial with Hexachlorophene eliminates up to 95% of resident skin bacteria.

3. Protects infants' skin, helps prevent impetigo, diaper and heat rash, raw buttocks; stops nursery odor of diapers, rubber pants.

4. Helps skin disorders by destroying bacteria that often spread and aggravate pimples, surface blemishes.

You know, of course, the remarkable antiseptic qualities of Hexachlorophene soaps, as documented in recent literature. Dial was the first toilet soap to offer Hexachlorophene content to the public. You can safely recommend Dial. Under normal conditions it is non-toxic, non-irritating, non-sensitizing. Furthermore, Dial Soap is economical, and widely available to patients everywhere.

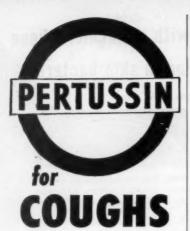


Free to Doctors!

As the leading producer of such soaps, we offer you a "Summary of Literature on Hexachlorophene Soaps in the Surgical Scrub." Send for your free copy today.

ARMOUR AND COMPANY 1355 W. 31st STREET

CHICAGO 9, ILLINOIS



The effect of PERTUSSIN'S active ingredient, Extract of Thyme (made by the unique Taeschner Process) is to:

- Relieve dryness by stimulating tracheobronchial glands and increasing natural secretions.
- Facilitate expulsion of viscid or infectious mucus.
- Exert a soothing and mild sedative effect on irritated mucous membranes.

PERTUSSIN is entirely free from harmful ingredients of any kind. It is well tolerated without undesirable side action. It may be given to children and adults in large doses and is pleasant to take.

Samples on request

SEECK & KADE, Inc. New York 13, N. Y. amount of any first mortgage in any state.

"The procedure City Title will follow is simple enough to be spectacular," reports the magazine. Without waiting for a title search, it will accept the owner's affidavit that no liens have been placed against his property since the original mortgage. Later, for complete protection, it will spot-check the titles. But it expects to find few cases of false affidavits.

City Title thus far is the only company to grant inexpensive title insurance for open-end advances on an affidavit basis. But other lenders are expected to follow its lead.

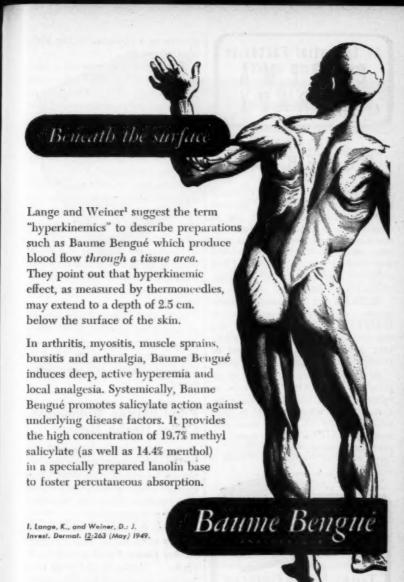
Overwork Doesn't Excuse Tax Errors, Court Holds

Overworked? Your secretary inexperienced? That's still no excuse for tax delinquency, according to the U.S. courts, which recently denied a refund of an \$18,000 tax-fraud

Anecdotes

¶ MEDICAL ECONOMICS will pay \$10-\$25 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice.

Medical Economics, Inc. Rutherford, N.J.



will spec-

mortotec-. But false

only

title es on

nders

use

inex-

e for

the

mied raud

ls

Thos. Leeming & Ca Inc. 155 East 44th Street, New York 17, N.Y.

An Essential Factor in ECZEMA HERAPY

Achieved by SUPERTAH

The success of a coal tar ointment in ECZEMA THERAPY depends upon continuity of use for ten to twenty days or more. But black coal tar has a repulsive appearance and odor, stains clothing and linens, and may burn or irritate the skin. These objections make continuity of application hard to enforce.

SUPERTAH (Nason's) oversuch difficulties. WHITE, almost odor-free, and non-staining, non-burning, non-irritant, non-pustulant. It need not be removed when renewing applications.

At the same time an authority reports SUPERTAH "has proven as valuable as the black coal tar preparation", and a survey of U. S. physicians reveals 88.1% of those prescribing SUPERTAH found produced "Good Results!" **

*Swarts & Reilly, "Diagnosis and Treatment of Skin Diseaset", p. 66. *Survey made by indepen-dent research organiza-tion; details on request.

Distributed ethically in original 2-oz. jars, 5% or 10% strengths. Complimentary sample sent on request.



penalty to a physician in the Midwest.

The doctor had reported a total net income of \$13,150 for the years 1944 through 1947. But the Bureau of Internal Revenue discovered that his actual tax liability-as shown by his own records-was \$49,365. Apart from the \$36,000 due in back taxes, the bureau claimed a 50 per cent penalty for fraud.

The doctor agreed that he owed the back taxes to the bureau. But he appealed the penalty on grounds that the alleged fraud had been unintentional. His explanation:

Meeting the demands of a heavy practice left him little time for paper work. Moreover, his office help just wasn't capable of doing the job properly.

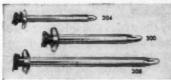
A Federal District Court refused to cancel the penalty. In its view, the explanation was inadequate and unconvincing. And now the U.S. Court of Appeals has upheld the ruling.

Fund-Raising Monopolies Called Health Menace

Is federated fund-raising bad for local health projects and for the physicians concerned with them? Yes, charges Albert Q. Maisel in a recent Cosmopolitan article, for too often it aims at monopoly.

Behind the federation idea, as it usually exists today, Maisel depicts "a tiny group of professional fundraisers . . . trying to take away your freedom to support specific causes. If they have their way, only one or-





al

u

T

d

e

S

st

b

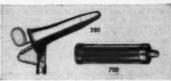
d , d i. e

n

No. 308 sigmoidoscope, No. 300 proctoscope and No. 304 infant proctoscope, distally illuminated for brilliant, glare-free field of view, with tapered and curved obturator tips for easy passage.



No. 342 biopsy punch, a well balanced, stainless steel instrument. No. 317 rectal probe and No. 319 rectal hook.



No. 280 medium anoscope, with brilliant, shadowfree illumination, offset obturator handle. No. 700 large battery handle, with rheostat control, a dependable source of current for all Welch Allyn instruments.



Welch Allyn sigmoidoscopes are available at \$10.00 extra per instrument with built-in aspirator tube for smoke removal, complete with stopcock as shown in exploded view, above.

Set No. 318 also includes inflating bulb and cord (for attachment to battery handle, battery box or transformer) and extra lamps. Smaller Welch Allyn rectal sets are also available, and individual instruments may be purchased separately.

WRITE FOR COMPLETE RECTAL CATALOG, OR ASK YOUR WELCH ALLYN DEALER

WELCH ALLYN, INC. Skaneateles Falls, N.Y.



• This 44-page booklet presents the complete record of a group of accounts managed by the author. Leon B. Allen, which gained more than 260% in less than 9 years—with adequate diversification among well-known stocks! In addition, the investment method which made this gain possible is discussed with utmost frankness.

Without attempting to forecast market movements, this exact, scientific method leaves no room for "interpretations"—eliminates the dangers of huying and selling through fear, hope, wishful thinking—provides a positive, tworkable plan for today's investor.

If you'd like to learn more about this method that has been used successfully for over 19 years—see how it limits losses, but not profits—write for a copy of "PROFITS WITHOUT FORECASTING"—today!

To get your copy-clip one dollar to coupon and mail.

N	ail	thi	s C	0	up	01		N	O	V	V	Į-	-	nio	-
GILLEN Dept.		0.,	120	Be	ro#	dw	ау	, 1	N.	Y.	3	,	N	.3	ť.
Memb	ers:	N.	Y. S	to	E.	Earcl	ch	ai	e	c	A	3:	0	c.	
Plea With close	out	For	ecas	tin	g,"	fe									
Name				* *											
Addres	s											*			

ganization—a vast health-and-welfare trust, tightly controlled by a small central board of directors—will be allowed to receive contributions... The stakes are enormous—control of a billion dollars a year—with the result that the backers of this scheme have resorted to methods of persuasion amounting to coercion."

Federated plans inspired by the group now operate in forty-odd cities, according to Maisel, and efforts are being made to extend them to at least fifty more. People are being told that the idea arose "spontaneously" among givers "troubled by the multiplicity of appeals."

"That is not true," Maisel asserts. "The monopoly scheme was originated about five years ago by a few top-level employees of . . . Community Chests and Councils, Inc." Finding the generalized appeal of voluntary Community Chests failing—although drives for specific causes remained successful—these men "began to dream of a Super Chest that would incorporate all the successful appeals."

In Detroit, when the National Foundation for Infantile Paralysis declined to merge its independent drive with the newly formed Torch Fund, the latter, says Maisel, "used charity dollars... to flood the town with propaganda declaring, 'You are already fighting polio through the Torch Fund.'"

Theoretically, federated fund-raising is a more economical way of raising money. Practically, Maisel doubts it. He found the Michigan

el-

u-

of h-

0-

ne ld

fm

ened

S. n-W

n-1-1-

es

eit

ıl

ıl

is

h

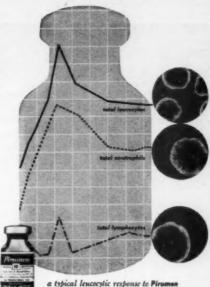
d n

e

e

1

for effective control of a wide variety of ALLERGIES and **DERMATOSES**



a typical leucocytic response to Piramen

Every day more physicians are discovering the early clinical benefits effected by the administration of Piromen, employed either as a specific, or concomitantly with other drugs.

Plromon is a biologically-active bacterial polysaccharide which produces a marked leucocytosis and a stimulation of the reticulo-endothelial system. It is nonprotein, nonantigenic, and may be employed safely within a wide range of dosage.

PITOMEN is prepared in stable colloidal dispersion for parenteral use. It is supplied in 10 cc. vials containing either 4 gamma (micrograms) per cc., or 10 gamma per cc.

For a comprehensive booklet detailing the use of this new therapeutic agent, merely write "Piromen" on your Rx and mail to-

*TRADE HARK

Manufactured by

TRAVENOL LABORATORIES, INC.

Subsidiary of BAXTER LABORATORIES, INC., MORTON GROVE, ILLINOIS

STRETCH...

isn't enough!

In an elastic bandage, stretch tells only part of the story. Pressure and supportive therapy in varicose veins, phlebitis, strains, sprains, and athletic injuries require easy elasticity in a bandage to facilitate its application plus adequate body to provide firm support.

The AGE No. 8 Rubber Elastic Bandage is a balanced weave of precisely the right proportions of rubber for elasticity and cotton for body and durability proportions which have been determined through years of clinical experience since B D first introduced ACE Elastic Bandages

When you need the best, specify the

ACE No. 8
rubber-elastic bandage

BECTON, DICKINSON AND COMPANY RUTHERFORD, N. J. United Health and Welfare Fund spending \$271,949 in eighteen months on salaries, travel, public relations, and office expenses. During that same period, it distributed only \$1,300,000.

Many such monopolistic drives are failing for the same reason voluntary Community Chests have failed, the article points out: "Americans . . . have demonstrated, over and over again, a distinct reluctance to giving money to a fund-raising machine peddling an abstract idea."

Such failures sometimes cause suffering that might have been avoided, Maisel thinks. In 1950, the Detroit Children's Hospital of Michigan sought an extra \$75,000 from the Torch Fund; yet its allotment had to be reduced by \$25,000 the following year.

"The Torch budget was used up before the year was half over and A. C. Ledyard, vice-president of the hospital's board, discovered that his institution would have to slash its services to crippled children unless it could raise another \$190,000. When he took his problem to the Torch Fund, the answer summed up to 'Sorry, we can't help you.'

"Thousands of people in Detroit would have been willing to contribute to the hospital. But . . . 'As a member of the Torch Fund,' Mr. Ledyard explained, 'we are not permitted to campaign for funds.'"

Midland, Mich., adopted a singledrive plan in 1948. Only the National Foundation for Infantile Paralysis held out, and its 1949 March of Dimes netted barely \$600, less than a fifth of its quota. But, Maisel relates:

"That summer, polio struck. With 111 cases the town was the hardesthit spot in the state. Fortunately, other chapters of the National Foundation stepped into the breach and donated over \$27,000.

"That taught Midland people a lesson they will never forget. One of the polio victims, Dr. L. L. Ryden, expressed everyone's feelings when he spoke from the iron lung provided by the foundation:

"'About a year ago there was controversy in Midland when Polio refused to affiliate with the Community Fund. At that time, I believed the Community Fund was the proper place for this drive. The epidemic has proved how wrong I was.'"

When the 1950 March of Dimes rolled around, says Maisel, Midland citizens gave their polio chapter nearly \$23,000—"more than seven times as much as they had ever given before."

Pharmacy Week Spotlights Doctor-Druggist Ties

Who tells the doctor how to remove Mercurochrome stains from his trousers? Who helps keep him informed about the newest drugs? Who keeps his illegible prescriptions from causing trouble? And who's always steering patients to his office?

Nobody but the pharmacist, says Robert P. Fischelis, secretary



by living test

Motility recordings from the small intestine (by the multiple-balloon intubation technic')—plus controlled clinical observations—have demonstrated the superiority of natural belladonna alkalaids (as in Donnatal) over atropine alone, and over the newer synthetics, in relieving smooth muscle spasm with minimal side-effects.

comula: Each tablet, each capsule and each 5 cc. (1 teaspoonful) of elixir contains kydscyamine sulfate 0.1037 mg., atropine sulfate 0.0194 mg., hyoscine hydrobromide 0.0065 mg., and phenobarbital (½ gr.), 16.2 mg.

*Kramer, P. and Ingelfinger, F. J. Med. Clin. North Amer. 32 1227, 1948.

A. H. ROBINS COMPANY, INC. • Richmond 20, Virginia

Ethical Pharmaceuticals of Merit since 1878

onnatal



In your profession, your hands are priceless! Protect them against the irritation caused by soaps with high alkalinity. SEPTISOL has a low pH ... only 1/60 the alkaline potential of normal soap. In addition ... SEPTISOL is super fatted with natural vegetable oils and emollionts. These two "built-in" advantages assure mildness ... effectively block skin irritation.

Try SEPTISOL today. Just call your dealer.



Free plastic dispenser with each gallon of Septisol

VESTAL INC.

of the American Pharmaceutical Association.

This month marks the A.Ph.A. centennial, being celebrated in connection with National Pharmacy Week (Oct. 5-11). Says Fischelise "While not directed primarily toward making the doctor's life an easier one, the efforts of the association have seldom failed to have that effect."

Things were different 100 years ago, he observes. America had just outgrown the period in which an ocean crossing could transform a European apothecary into an American chirurgeon.

What gave stature to American pharmacy, says Fischelis, was this pair of A.Ph.A. objectives:

1. Raising educational and licensing standards. "Just as the A.M.A. has worked steadily and effectively to eliminate the charlatam... so the A.Ph.A. has worked to elevate the ethical and professional standards of all pharmacists."

2. Policing the quality of drugs and establishing legal controls. One of the A.Ph.A.'s earliest crusades (in 1869) forced off the market a number of products using "quinine" in their names, but containing no quinine. One of its latest crusades (in cooperation with the A.M.A.) has brought about stricter control of barbiturates.

As for more direct help to physicians, Fischelis cites a recent survey showing that 25 per cent of all M.D.'s first hear about new pharmaceuticals from their druggists. The latter are prepared to relay the

tical h.A. connacy elis: ARE YOU to-USING THESE FREE SERVICES? an ociathat —help your patients follow your directions accurately! ears just These services are: Prepared by a graduate dietitian Checked by physicians and nutrition authorities an Professional in appearance and content m a mereach patient's individual needs rican FOR YOUR YOUNG PATIENTS this Pediatric Feeding Direction Forms d li-Appealingly emphasizes health practices. the d ef-FOR WEIGHT-CONTROL itans girls. (800, 1200, 1500 and 1800 calories). ed to Guide to Maintaining Ideal Weight ional **Normal and Gaining Diets** Flexible enough for adults and children. rugs One FOR OBSTETRICAL PATIENTS sades ket a for preventing excessive weight gains. "qui-FOR ALLERGY PATIENTS Wheat-Free, Egg-Free, Milk-Free and Diagnostic Diets. Also 14-Day Food Diary. tainatest n the ricter hysi-RALSTON PURINA COMPANY surof all Send 1 Kit No. C2872 to: phar-Name_ gists. Address. y the City.

They can save you many hours of consultation time

- Quickly adjustable to your own methods and to

For 4 age groups, from birth through pre-school. Coloring Book - For you to give the youngsters!

Four Reducing Diets - For adults and teen-age

Contains calorie count of over 400 foods.

Diet for Pregnancy — Outlines sound dietary regimen for normal pregnancy, including directions

					-		STREET, SQUARE	10000
MAIL	THIS	COUPON	TODAY	FOR	KIT	OF	SAMPLE	COPIE
		ALC: NO PERSONS			_	_		

To order in quantity, postage-free card is included in kit. 2E-1 Checkerboard Square, St. Louis 2, Mo.

M.D.

State Zone_

NEW, STAINLESS STEEL

Sanette Always Brilliant and Shining!



SANETTE WAXED BAGS



The Cleanly, Easy Way to Dispose of Contents

Save emptying pail and proofed; waxed. In handy keep it clean. Moisturedispensers, 50 bags each. Four sizes.

If your dealer cannot supply Sanette products, write us.

MASTER METAL PRODUCTS, Inc. 293 Chicago St. Buffalo 4, N.Y. latest word "about dosage forms, about quantities, about actions and reactions"—matters on which the A.Ph.A. keeps members up-to-date through its bulletins and journal.

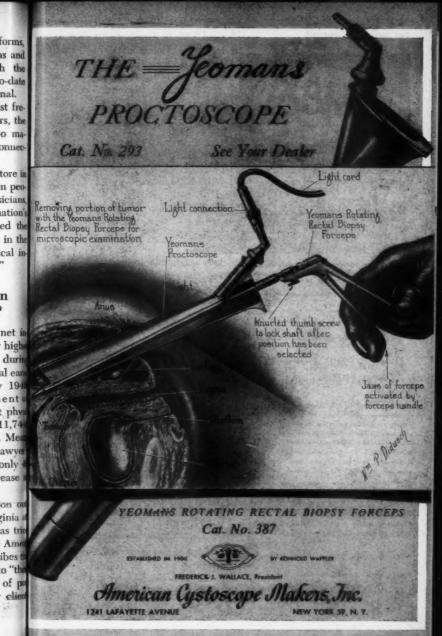
Reporting on questions most frequently asked them by doctors, the pharmacists listed twenty-two major categories—nearly all in connection with new drugs.

Mentioning that one drugstore in a three-day period advised ten people to consult their physicians, Fischelis concludes: "If the nation's 51,000 pharmacies maintained the same ratio, the improvement in the national health and in medical income should be noteworthy."

Why Do Doctors Earn More Than Lawyers?

Back in 1929, the average net in come of lawyers was slightly high than that of physicians. But during the next two decades, medical earings jumped far ahead. By 194 according to the Department of Commerce, the independent physician's average net income (\$11,744 had advanced 125 per cent. Mea while, the nonsalaried lawyer average net (\$8,083) rose only a per cent—less than the increase the cost of living.

Why should one profession of earn the other? A West Virginia a torney, Arch M. Cantrall, has tric to find some answers for the American Bar Association. He ascribes to lagging earnings of lawyers to "the failure to provide the kind of professional service... their elies



XUM

For soothing, asoptic colonic irrigation



The Alkalol Company, Taunton 26, Mass.



Organizing and Operating A Group Practice Or Partnership

Now available, as the result of numerous requests from physicians, is a portfolio of reprints on group practice and partnerships. It contains about a dosen of the most requested articles on this subject published in MEDICAL ECONOMICS. The portfolio is book size, with a durable, lostherette cover and with the title stamped in gold. Prepaid price: \$2, cash or check with order.

group																	
Name			*					*									4
Street			*									*					

Medical Economies, Inc.

City ...

need." Medical men, he concludes, have "increased their income by becoming more proficient doctors. This has resulted in a terrific increase in the demand for [their] services."

To salve the legal ego, Cantrall examines the charge that physicians are getting more than their share. His verdict: not guilty. In the 1929-49 period, the average net income of all civilian doctors rose 108 per cent; the average income of all earners in the general population went up 109 per cent. "The doctors are not out of line," he asserts. "They have [merely] kept up with the Joneses. The lawyers are the ones who are out of line."

So he asks: "What have the doctors done that we lawyers have not done?" He comes up with two significant differences: A

p-dat

ing S

mllec

or yes

keep i

All yo

YOUR !

nmm

findin

HISTA

than 2

unds

Bookla

HISTA

tional,

mine

at lead

PIR

Americ

S

¶ Medicine trains its students better. Cantrall contrasts the law student's three-year course (fourteen or fifteen hours a week) with the medical student's four-year course (forty hours a week and up). And he finds medical training the more practical, with theory supplemented by hundreds of actual patients. The law student visits a courthouse only once or twice, he notes.

¶ Medicine trains its active practitioners better. Cantrall respectfully summarizes a typical state medical society's annual meeting: twenty-four practical talks by specialists from ten other states, with more than a third of the society's members attending.

He even has a kind word for hospital staff meetings and the scientific

10-52

Rutherford, N.J.

.State.



m happy...

because my financial records are always up-to-date with the

 $H_{\frac{\mathsf{BOOKKEERING}^{\mathsf{SYSTEM}}}{\mathsf{T}}}$

And your financial records are always upto-date too, with the HBIAGGUNT Bookkeeping System. It takes but a few minutes daily
and tells you at a glance what you earned,
collected, and spent for any day, week, month
or year. HBIAGGUNT is so simple anyone can
keep it—no bookkeeping knowledge is needed.
All your fainancial figures are cumulative. Colored
ummary sheets and monthly indexes facilitate
finding. And sheets can be added or removed
for complete flexibility. You get all this in the
hustaccunt Bookkeeping System for less
than 2¢ a day!

So, be up-to-date. Join the tens of thouands of doctors who use the HBZAGGUNT Bookkeeping System. And remember, with all HBZAGGUNT products you have an unconditional, money-back guarantee. You can exmine the HBZAGGUNT Bookkeeping System at leading supply houses, or order direct from us. There's a Regular Edition for average or large practices and a Limited Practice Edition for doctors who see less than 90 patients a week. Just check your preference below and mail the coupon today!

CHOOSE FROM TWO STYLES ...

The Regular Edition is available in two styles: Loose-Leaf bound and permanent Plastic bound. The Limited Practice Edition is Plastic bound only.



THEY OPEN FLAT THEY LIE FLAT

REGULAR EDITION

\$7.25

LIMITED PRACTICE EDITION \$4.50

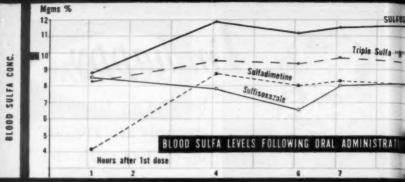
ATTACH THIS COUPON TO YOUR LETTERHEAD

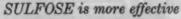
PROFESSIONAL

PIRILINT ING COMPANY, ING

America's Largest Printers to the Professions

No other Sundhannue





—higher, more prolonged blood levels than any c sulfa preparation studied—single or combination¹

—excellent tissue distribution—spinal fluid levels rior to those produced by single sulfonamides

-superior antibacterial potency, because of potential action of sulfonamide mixture

SULFOSE is better tolerated

—higher solubility in acid urine than single sulfonam (with acetyl derivatives), minimizes danger of reblockage

-minimal tissue toxicity; blood cell damage, naus vomiting, etc., occur less frequently than with sin sulfa therapy

SULFOSE is a triple sulfa

—danger of sensitization is minimal because each su component is given in low dosage. Sensitization become more frequent when daily doses of a sulfa drug execu-4 Gm.²

SULFOSE is more convenient

—low daily dosage requirement (4 Gm. for adults) me minimal interference with rest

—alkali adjuvant less likely to be needed than wingle sulfa therapy

Si

A

SULFOSE

Triple Sulfa "B"

Sulfisexazele

---- Sulfadimetine

Dosage Schedule:

SULFOSE

---- Sulfadimetine

Dosage Schedule:

SULFOSE

Triple Sulfa "B"

Sulfose

Triple Sulfa "B"

Sulfose

Triple Sulfa "B"

Sulfadimetine

4 gms initially, 1 gm 6 hrs. later

Sulfisexazele

4 gms initially, 2 gms 6 hrs. later

SULFOSE is more economical

—costs less per dose than modern single sulfas; also, fewer doses are needed

SULFOSE is palatable

-insures acceptability to patient

For all infections amenable to systemic sulfa therapy. Suspension Sulfose contains sulfadiazine, sulfamerazine and sulfamethazine in a special alumina gel base.

Suspension

SULFOSE°

Triple Sulfonamides Wyeth

Supplied: Bottles of 1 pint.

Also available: Tablets Sulfose, 0.5 Gm.: bottles of 100.

Berkowitz, D.: To be published.
 Lehr, D.: New York State J. Med. 50:361 (June 1) 1950.

Wyeth

XUM

nv

n1

els

entia

nam

of re

nau h sir

ch s become

) me

an



Investors mutual
Investors stock fund
Investors selective fund

FACE-AMOUNT

CERTIFICATE COMPANY

Investors
SYNDICATE OF AMERICA

拉

Prospectuses of these companies available at offices in 148 principal cities of the United States or from the national distributor and intestment manager.

Investors DIVERSIFIED SERVICES, INC.

Established in 1894
MINNEAPOLIS 2, MINNESOTA





programs of county societies. Such educational activities, he says, show up his own profession's "spasmodic and scanty [post-graduate] training." He feels that practicing attorneys make too little effort to keep up with new laws and changes in old ones.

So if lawyers aspire to physiciansize incomes, Cantrall advises, they should follow the medical example: Improve their law schools, as the medical schools were improved about 1910, and launch a stiff program of refresher courses for practicing attorneys.

Few Full-Time Professors Now in Medical Schools

The private practitioner of medicine, serving as a part-time faculty member of a school, is by all statistical odds the outstanding figure in American medical education.

He represents 80 per cent of the nearly 14,000 physicians holding faculty appointments, according to a newly published joint survey by the Association of American Medical Colleges and the Office of Defense Mobilization.

At the average age of 43 (though he may be as young as 22 or as old as 80), devoting an average of 768 hours annually to the task, he does most of the clinical teaching and much of the research in the country's medical schools—often without pay.

The survey, undertaken to give an accurate picture of the nation's medical teaching manpower, reflects conditions in medical schools as of



to help you help your patients

ow dic inatep in

anney ole: the ved oro-

rs

edulty tisin

the

to bv

di-

De-

igh old

768 oes

ind

ry's ay.

ive

n's cts

of

It is difficult for many patients to "follow the doctor's orders" when sweets are forbidden or restricted. To help you help your patients in such cases, Monsanto has published a 16-page booklet of recipes employing succharin as the sweetener. A supply of these booklets, for distribution to your patients, will be sent to you at your request . . . without cost to you.

Saccharin is a low-cost, non-nutritive sweetener with which your patients are familiar. While having up to 400 times the sweetening power of sugar, saccharin does not add a single calorie. Under conditions of customary usage, it is absolutely harmless. Monsanto, first American company to produce saccharin, has been manufacturing the product for more than half a century.

Use the handy coupon to order your supply of saccharin recipe booklets. MONSANTO CHEMICAL COMPANY, Organic Chemicals Division, 1700 South Second St., St. Louis 4, Missouri.

SACCHARIN



Serving Industry
. . . Which
Serves Mankind

•	
	MONSANTO CHEMICAL COMPANY Grganic Chemicals Division 1700 South Second Street, St. Louis 4, Missouri
1	Please send, free and prepaid, copies of the recipe booklet, "Enjoy the sweet things of limits sectorin."
1	Name
-	Street
	Ch. Zees Stele

early last year. Its findings have been jointly reported by Dr. Harold S. Diehl, dean of medical sciences at the University of Minnesota, and Robert W. Barclay and Mrs. Margaret D. West, both of the O.D.M. health resources staff.

Among the highlights of the report:

¶ Of more than 15,500 teachers and research workers in all the nation's medical schools at the time of the survey, fewer than 4,000—just over 25 per cent—were full-time staffers. Use of part-time staff members varied widely; they comprised 95 per cent of the faculty at one school, and only 6 per cent at another.

¶ The proportion of physicians, full- and part-time, to other faculty

members was highest in big-city schools. Nowhere was it under 60 per cent.

¶ Although 49 per cent of the faculty members were paid for their work, only 20 per cent—most of them full-timers—earned all their income from medical schools or teaching hospitals.

Despite its nearly three-to-one numerical superiority, the part-time staff performed only two-fifths of the total teaching, research, and administrative duties in the schools. The remaining three-fifths of the work was handled by the smaller full-time staff.

Considering the teaching-manpower situation in the light of the draft of doctors—which at the time of the survey had taken less than 1

USED BY DOCTORS FOR OVER 35 YEARS!

kalak

allays nauseas of pregnancies



NOT A LAXATIVE

Many women have passed through parturition with comfort in using KALAK to thwart the usual nauseas and "morning sickness." especially prevalent during the early months of pregnancy. Besides its refreshing effervescence, it gives the body increased basic salts necessary to maintain neutrality of body

Also, it furnishes calcium in its most readily absorbable form which is required to provide

ansorbane form which is required to provide
bone and other parts of the fetus. In this way there is less drainage of
lime from the mother. Pregnancy involves a certain amount of
flatulence and KALAK causes eructation and mobilization of gas in
the intestines. Unlike fruit juices, there are no fermentable or gasforming substances in KALAK.

KALAK WATER CO. of NEW YORK, Inc.

90 West St., New York 6, N. Y.

Whenever you find constipation
with attendant symptoms
of biliary dysfunction
(as so often is the case)
you will find
appropriate therapy in
Zilatone tablets



g-city er 60

e fac-

their

st of

ir ineach-

o-one -time ns of d adnools.

the

manf the time

BILE SALTS ... to improve biliary function
MILD LAXATIVES ... to relieve constipation
DIGESTANTS ... to combat dyspeptic distress

Available at all pharmacies in boxes of 20, 40, and 80 tablets; also in bottles of 500 and 1000

Generous trial samples to physicians on request

Drew Pharmacal Co., Inc. 1450 Broadway, New York 18, N. Y. per cent of faculty members for active military service—the report concludes:

"At present mobilization levels, the impacts of the 'doctor-draft' law are not severe enough to seriously disrupt medical education."

Stork Double-Crosses Chagrined Husband

Two years ago, Dr. Lyle J. Hansbrough, of Front Royal, Va., performed a tubal ligation on a 21-year-old mother of three. He had been given the woman's consent and understood that her husband approved. But after the operation the husband brought suit against Hansbrough. His complaint:

He was opposed to sterilization,

he had been deprived of his right to have additional children, and he was suffering shame and humiliation. "People point me out on the streets," he said.

Some of the steam was eventually taken out of the husband's case when his wife bore a fourth child just two weeks before the case came up for trial, late last summer. The suit, however, was not withdrawn. While dropping his claim for compensation for the loss of future children, the plaintiff still pressed for punitive damages for the surgeon's "reckless and wanton disregard of a husband's rights."

The jury's verdict: Not guilty. But the well-publicized lawsuit, which involved Dr. Hansbrough in some unwelcome notoriety—and

dici

als,

ed 3

l be

HIS

E CO



THE BIRTCHER BLENDTOME provides your office or clinic ample facilities for all but the strictly major cases. Cutting, coagulation, desiccation, fulguration and bi-active coagulation are provided by the Blendtome.

The Blendtome offers you effective control of bleeding, reduces risk of infection.

The Blendtome is a handsome unit... a striking addition to any office or clinic. Ask for a demonstration or write for descriptive literature.

THE BIRTCHER CORPORATION

4371 Valley Blvd.

Las Angeles 32, California



HIS REPORT ON PROGRESS-FOR-PEOPLE is published by this magazine in cooperation with ational Business Publications, Inc., as a public service. This material may be used without credit.

Z

ia

COMPETITIVE SYSTEM DELIVERS THE MOST TO THE GREATEST NUMBER OF PEOPLE



ARTHRITIS

ORE SELUCAP WEAPON FUR J-WAY TREKAPY
Your after year EDREX has demonstrated
its offectiveness as a systemic means of
affeviating pain, reducing swelling, increasing joint mobility. Rational formula
plus GELUCAP FORM provide maximum
absorption and utilization.
Send for Semple and Literature.

DICIPIES VITAMIN DICES WILCO LABORATORIES
800 N. Clark St., Chicago 10, III.



some expense—once more points up an old moral for surgeons: Before performing an operation, get the family's written consent.

Doctors vs. Crime Score In 'Truth Serum' Tests

"Truth serum"—which isn't a serum and doesn't necessarily induce truthfulness—seems to be showing some remarkable results in the hands of physicians. Experimental and practical tests are proving it an increasingly useful though not infallible medicolegal aid, savs C. W. Muehlberger, Ph. D., toxicologist for the Michigan Department of Health and director of the State Crime Detection Laboratory.

For example, he cites the recent record of Dr. James H. Matthews, University of Minnesota medical school anesthesiologist. Cooperating with the Minnesota Department of Protection and Investigation, Dr. Matthews used scopolamine and sodium pentothal on persons involved in ten puzzling police cases. The score: Valuable information was obtained every time.

Other instances of the successful application of the technique—and some failures—are listed by Muehlberger in The Journal of Criminal Law, Criminology, and Police Science.

The history of "truth serums," says Muehlberger, began more than thirty years ago, when Dr. Robert E. House, of Ferris, Tex., noted that women patients were singularly free of speech inhibitions under the in-

ts up

reasllible mehlthe ealth De-

dical ating at of Dr. and in-

inases. tion ssful

sci-

than bert that free in-



DOCTOR... what do you demand of a baby lotion?

1. Ease of application? Johnson's Baby Lotion meets this requirement, for it is both simple and pleasant to use—whether applied to the entire integument, or to the perineal and gluteal regions only.

2. Prolonged antibacterial action? Johnson's Baby Lotion, containing hexachlorophene, produces a marked and prolonged suppression of the resident bacterial flora of the skin, thus offering a substantial degree of protection against superficial infection.

3. Wide range of activity? Thorough clinical trials have proved it to be a highly effective agent in the treatment and prevention of miliaria, impetigo, diaper rash, excoriated buttocks, cradle cap, and similar skin

affections of infancy.

4. Protection against irritation? The invisible, discontinuous film of protection which it leaves on the baby's skin affords continued protection from irritating excretions.

In short, Johnson's Baby Lotion will meet your most exacting requirements.

JOHNSON'S BABY LOTION Johnson-Johnson





GARDNER'S HYODIN

For INTERNAL IODINE THERAPY Celerless - Effective - Penateble Since 1878 we have specialized in making Hyodin the finest preparation for internal iodine medication. Desage—1 to 3 tsp. in ½ glass water—4 hour hefore meals. Available—4 and 8 oa bottles. Samples and literature on request. Firm of R. W. GARDNER Drange, N.J. Est. 1878



fluence of the morphine-scopolamine combination used to induce "twilight sleep" in childbirth. Why not, thought Dr. House, use the same method to get the truth from people suspected of false testimony in legal cases? Dramatically enough, his first experiments, made with police assistance, brought about the release of innocent convicts.

In 1922, he proposed that the procedure be legalized for appropriate medicolegal cases. In the stormy debate that followed, his proposal lost out. But the colorful term "truth serum," coined by an inspired newspaperman with a blithe disregard for scientific exactitude, did become a part of the American language.

Muehlberger, then assistant director of the Scientific Crime Detection Laboratory of Northwestern University Law School, took part in further experiments there. In 75 to 85 per cent of all cases, he reports, controlled tests produced truthful answers.

Some results were startling. A medical student, under the drug, recalled his father's telephone number in New York, which he couldn't remember normally. A member of the laboratory staff "confessed" to a long-since-forgotten traffic arrest.

But subsequent use of the drug in forty criminal cases has convinced Muchlberger that practical results run far below the average in controlled tests with university personnel. For one thing, the criminal suspect's intelligence is often low. For another, scopolamine produces a

for Control of Hypertension



Apresoline

Hydrochloride (brand of bydralazine bydrochloride)

presoline is a relatively safe, *single* antihypertensive drug with no serious untoward actions, providing benefits in many cases—complete control in some. It is recommended that Apresoline be used in those hypertensive patients who have not been dequately controlled by conventional regimens (diet, mild sedation, rest, etc.). The following important considerations should be of interest in general practice:

Efective in essential hypertension with fixed rels, early malignant hypertension, toxemias pregnancy and acute glomerulonephritis.

poladuce Why the from nony ough, h po-

the propthe his

n inlithe ude.

rican

di-

ern

rt*in

5 to

hful

. A

rug,

um-

dn't

" to

rest.

lrug

ults

son-

For a

Provides gradual and sustained reduction of hood pressure with no dangerous, abrupt fall moral administration.

Affords uniform rate of absorption and infre-

Increases renal plasma flow in marked contrast to the decrease associated with other hypotensive drugs.

Side effects often disappear as therapy is continued or can be ameliorated with adjunctive medication.

Produces significant relaxation of cerebral vascular tone.

Complete information regarding manner of use and clinical application available on request.

Ciba

Ciba Pharmaceutical Products, Inc., Summit, New Jersey

.....

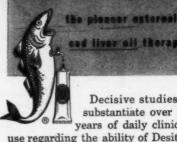
the most widely used

'ethical specialty for

care of the infant's skin

DESITIN

DESITIN NTMENT



ed liver oil therapi

Decisive studies1,2 substantiate over 25 years of daily clinical

use regarding the ability of Desitin Ointment to protect, soothe, dry and accelerate healing in ...

- diaper rash
 exanthema
- non-specific dermatoses
- intertrigo
 prickly heat
- chafing
 irritation

(due to urine, excrement, chemicals or friction)

Desitin Ointment is a non-irritant blend of high grade, crude Norwegian cod liver oil (with its unsaturated fatty acids and high potency vitamins A and D in proper ratio for maximum effi-cacy), sine oxide, talcum, petrolatum, and lanolin. Does not liquefy at body temperature and is not decomposed or washed away by secretions, exu-date, urine or excrements. Dressings easily applied and painlessly removed.

Tubes of 1 oz., 2 oz., 4 oz., and 1 lb. jars

write for samples and literature

DESITIN CHEMICAL COMPANY

70 Ship Street . Providence 2, R. I.

- 1. Heimer, C. B., Grayzel, H. G. and Kramer, B.: Archives of Pediat. 68:382, 1951.
- 2. Behrman, H. T., Combes, F. C., Bobroff, A. and Leviticus, R.: Ind. Med. & Surg. 18:512, 1949.



high degree of suggestibility, so that the interrogator must be very careful not to influence the subject's answer. Even when the technique is apparently flawless, the result may be disappointing.

But many impressive successes are on record. In Birmingham, Ala., a series of twenty-five axe murders remained a gruesome mystery until a dozen suspects were persuaded to take the tests. The killers were discovered and they confessed.

At Bellefonte, Pa., in 1935, "truth serum" performed a belated service for justice by helping to exonerate two convicts of a murder committed twenty-eight years earlier.

How dependable is information unearthed with the aid of scopolamine? Muchlberger concludes: "Unless supporting evidence is obtainable, the reliability of results of 'truth serum' tests are open to serious question . . . Our experiments have yielded very encouraging results . . . Perhaps in succeeding years, further study will increase the degree of precision which may be expected."

Senator Forecasts End of Sliding-Scale Fees

Sliding-scale fees and the realities of the new medical-economic order don't mix, according to Senator Lister Hill (D., Ala.), co-author of the Hill-Burton Hospital Survey and Construction Act. The historic justification for such fees, he maintains, is dwindling in direct proportion to



Lister Hill

A-B-C reasoning

the increased use of public funds for medical care and the growth of voluntary health insurance.

Himself a doctor's son, the Senator sees the modern situation as far different from the one that prevailed when his father, like most physicians, counted on well-heeled patients to pick up the tab for free services to the poor.

"The tough fact about medical economics today is that a revolution in medical practice has occurred in so short a time that our economy has not been able to get in step," Hill recently told students at Jefferson Medical College, Philadelphia, where his father once studied.

Because of high costs, Hill believes, no hospital or community can solve its health problems unaided. So, he adds, "Federal, state, and local government will always have

n

e,

a

Another "First" for ACE

FULL-FOOTED ELASTIC HOSIERY for men

These exclusive ACE features assure
your patients handsome elastic hosiery
which is both comfortable
and therapeutically correct:

2-inch adjustable cuffholds hose in place without constriction no garters necessary

Ly Seamless, lightweight, nylon-covered latex — two-way stretch provides gentle, persistent support to venous tree.

No binding, no creeping up leg.

Toe Non-elastic nylon toe
assures flexibility, ease and
comfort without cramping
of the toes.

Fits smoothly without wrinkling — no excessive bulk or thickness.

Full heel assures firm anchorage — special elastic weave provides support and prevents swelling.

ACE Full-Footed Elastic Hosiery is indicated in peripheral vascular disease, varicose veins and edema, phlebitis, occupational leg cramps and fatigue, edema following healed fractures, mild cardiac edema, early lymphedema and other conditions requiring support of leg structures.

ACE, Fredemark Ray, U. S. Pot. OH.

Available in burgundy color — 4 foot sizes: 10, 11, 12 and 13.

BECTON, DICKINSON AND COMPANY, RUTHERFORD, N. J.



some role to play in making health more general. The sensible thing is to confine government to its appropriate role . . . Yet the solution will call for compromise and teamwork."

One of these compromises involves the doctor and the sliding scale. The Senator's A-B-C reasoning:

"The doctor in my father's day had the right to charge the well-todo all that his conscience would permit because he gave so much to the poor." But today, "as a result of insurance or public support, the poor are placed on a self-paying basis;" so the modern physician "may not have quite the same freedom. I am not saying that doctors should all charge the same fee for the same service, but I do suggest that as insurance and public support for medical care grow, the doctor will need to consider adjusting his fees to the new situation.

'Health News' Termed Bad News for Health Plans

hly

s.

kling -

ive bulk

oge -

rt and

pheral

ractures,

The most expensive disease that voluntary health insurance has to cope with is a new plague: "the infectious superstition, spread by our yellow health journalism, that there are cures for everything and that we can abolish all disease." So says William S. McNary, executive vice president of Michigan's Blue Cross plan.

The spread of this superstition can wreck the entire health insurance structure, he warns. "Ratemaking is reduced to a farcical adventure with the unknown when a few headlines in the newspapers, or a blown-up story in a magazine, can destroy all . . . calculations."

Already health education is a factor in pushing hospital costs up, says McNary, in a current article in The Modern Hospital. "I accept the fact as an inescapable part of our calculations," he adds, "that the more attention people give to their health and the more they are educated to the business of timely care, the higher our national medical bill will become."

But the real hazard is not legitimate health education, he says, It is "the increasing volume of irresponsible reporting that is passed out as health information." A recent example of such reporting, cited by McNary, is a Michigan newspaper story headed "Neurosurgery Enters Cerebral Palsy Fight." The article acknowledges that the operation it describes is experimental, with not a single successful case to its credit. But, says McNary, the headline is enough to arouse wild hopes. Estimating that close to 5,000 cerebral palsy victims may be insured by Michigan's Blue Cross, he wonders how many of them will now demand coverage for an expensive and futile operation.

Similar situations have followed outbreaks of publicity about all the so-called wonder drugs, he points out. "They have increased Blue Cross costs by many millions of dollars and have played a part in recent Blue Cross rate raises. We have learned that many wonder drugs are



In TRICHOMONIASIS MONILIASIS MIXED INFECTIONS

AVC Improved is a time tested formula for the treatment and prophylaxis of vaginal tract infections.

QUICK RELIEF . EASILY APPLIED . NON-IRRITATING

TRICHOMONICIDA

It Kills Trichomonas

FUNGICIDAL

It Kills Fungi

Especially monilia

BACTERICIDAL

It Kills Bacteria

Especially certain gram-positive and gram-negative cocci and bacilli.

DEODORANT

It kills Odors-

Especially objectionable and unpleasant odors.

IT WORKS!!!

Use AVC Improved in your most stubborn cases. The results will please you, and your patients will be grateful.

Fernule: 9-Aminoccridine Hydrochloride
0.2%, Sulfunilamide 15%, Allondein
2%, specially prepared buffered
water-mischile base.

Available: In 4 sunce tubes, with or without applicator.

Literature supplied on request.

Because . . .

AVC Improved reestablishes the normal flora and the normal pH.

Because . . .

AVC improved is indicated in a wide range of infections of the exocervix, vegina and vulva:

- Trichomoniasis
- · Moniliasis
- Specific and nonspecific bacterial infections
- * Mixed infections.

Because . . .

AVC Improved suppresses secondary invaders...an important therapeutic goal.

THE NATIONAL



DRUG COMPANY

PHILADELPHIA 44 PENNSYLVANIA

More Than Half a Century of Service to the Medical Profession

only 'ninety-day wonders,' but the cost of the temporary 'cures' is a permanent cost."

The remedy? "We cannot but take the stand publicly that this irresponsibility in the field of health journalism constitutes one of the serious dangers [to health insurance] . . . The medical profession and the ethical drug manufacturers can well devote more attention to the control of publicity and attendant premature demand for unproved pills and potions."

This won't be easy, McNary admits. But he urges a cooperative move by doctors, hospitals, Blue Cross, Blue Shield, foundations, Government agencies, and universities "to see what can be done to put our educational efforts on sound ground."

Otherwise, he predicts, "health propaganda may betray us into something much worse than a sea of socialization: It may betray us into a society of sanitariums."

Rx for Medical Research: Bigger Federal Grants?

America has the brains and the spirit for great accomplishments in medical research, but much more money is needed—and it must come chiefly from the Federal Government. In presenting this view, Dr. Freddy Homburger, research professor of medicine at Tufts College Medical School, tells why he believes the Government should put up the funds.



Freddy Homburger
For less thrift in research

To begin with, he finds the relatively low Governmental expenditure in support of medical research "indeed pitiful . . . in this rich country where \$221 million is being spent in one year on chewing gum and over \$1 billion on television sets."

Refuting suggestions of public apathy, Dr. Homburger recalls a 1946 public opinion poll showing that "82 per cent of the people would like to see more money spent by the Government for medical research, even if it meant higher taxes." Thus, he charges, in a recent letter to the New York Times, "The thrifty attitude of the legislatures, both state and Federal, with respect to the financing of medical research is . . . contrary to the public desire."

Furthermore, says Homburger, research does solve major health problems. Citing the sharp reduc-

NS

tion in deaths from pneumonia, the cure for pernicious anemia, and modern control of diabetes, he adds: "There is no reason why the problems along the remaining frontiers of medicine, such as cancer, degenerative diseases of old age, and others, should not be subjected to a concerted and intense attack."

Getting down to figures, he suggests that an additional \$70 million would enable the nation's seventy-six accredited medical schools to do more effective research in the major categories of heart disease, cancer, and arthritis. This sum would include \$200,000 for each school for research salaries, in addition to funds for "modest but efficient" facilities and equipment.

This is a conservative estimate for

only three problems, Homburger admits. "There is no question that our approximate total . . . would have to be multiplied to cover the total needs, and there is no question that a far greater sum could today be absorbed effectively by the existing medical schools alone for more Government-sponsored research."

Past training programs, he points out, have left large numbers of scientists with highly developed skills, but without secure positions in full-time research. "In the long run, only the Government can . . . keep these research men on the job instead of going into practice or industry."

Dr. Homburger has a short answer for those who ask if more money is essential, since many important discoveries were made before re-



Write for complete information, giving name of your dealer

Shampaine Co., Dept. A10,1920 South Jefferson Ave., St. Louis, Mo.

SHE'S BEEN Hyfrecated blemish on her

> Desiccate those unsightly, possibly dangerous, skin growths with the ever-ready, quick and simple-to-use Hyfrecator. 90,000 instruments in daily use.



ger hat

ald the ion lay istore nts scills, ullnly ese of

an-

onant re-

YN,

ork.

Please send me your new four-color brochure showing step-by-step technics for the removal of superficial skin growths.

Doctor.

Address.

THE BIRTCHER CORPORATION, Dept.

4371 VALLEY BOULEVARD

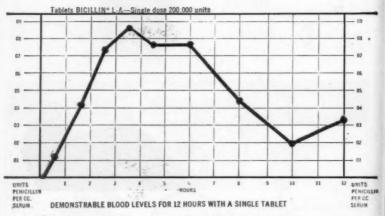
LOS ANGELES 32, CALIFORNIA

NOW ...

only (2) tablets daily



for effective, continuous oral penicillin tablet therapy



Tablets



BICILLIN* L-A

BENZETHACIL

Dibenzylethylenediamine dipenicillin G

Supplied:

Pink, scored tablets containing 200,000 units per tablet. Bottles of 36

*Trademark

search had heavy financial support:

"This reasoning is like preferring to drive a Model T to a modern car. The former certainly was a useful automobile in its time, but why not take advantage of the improvements in the latter? The machinery is available; the more fuel . . . the farther we shall go and the quicker we shall get there."

Farewell to the Bedpan? Prospect Moves Editor

What's the hospital's most crucial public relations problem? Not high costs, nor cold meals, nor the nursing shortage, states Robert M. Cunningham Jr., editor of The Modern Hospital.

"Rather," he asserts editorially and with feeling, "it is that hated symbol of hospital indignity, the

bedpan."

- 09

- 07

- 05

- 02

- 01

SINITS

PER CE

SERUM

ademark

PENICILLIR

- 08 .

Can it be eliminated? "There are encouraging signs," he says—including the fact that more and more hospital patients are ambulatory.

Concerning a recent prediction by a leading hospital authority that the future will bring forth beds with built-in toilets, the editor observes:

"Our industrial ingenuity may be severely taxed to accomplish this result without duplicating the leviathan already on the market. But it is heartening to know that the bedpan is held in low esteem by persons in high places."

He concludes his farewell to the bedpan in these words:

"Let costs soar to \$20 or \$50 a

day; let the soup congeal in the bowls; let nurses disappear completely—but take the thing away, give man back his dignity, and public relations problems will vanish like a high hat in a hurricane."

Finds Maternity Services Best in City Hospitals

Despite many shortcomings, New York's municipal hospitals provide generally better care for newborn babies and their mothers than the city's voluntary and proprietary hospitals, a new survey report discloses.

Based on a two-year study sponsored by the New York Academy of Medicine, the report deals with 104 of the 107 hospitals in the city providing maternity services. In only two hospitals are such services termed "excellent."

Profit-making hospitals, as a class, are rated lowest, and voluntary hospitals next. Municipal institutions, says the report, "are overcrowded and understaffed, but generally adhere to recognized standards and their physical facilities are relatively good."

Less than one-sixth of the hospitals meet the study group's minimum requirements. Among the inadequacies noted:

Complex obstetrical procedures performed by unqualified doctors, particularly in smaller institutions;

Nurseries without qualified physicians in charge, staffed by too few nurses and technicians;

Lack of such essential equip-

In arthritic and

LYXANTHINE (Astier)

Sodium iodopropanol sulfonate, lysidine bitartrate, calcium gluconate

"beneficially affects physiological disturbances, frequently providing symptomatic and objective relief..."

Tarsy, J. M.: Med, Times 73:101 (April) 1945

RELIEF WITHOUT SALICYLATES

Lyxanthine—pleasant tasting, effervescent granules,

For 10-DAY SAMPLE write

GALLIA LABORATORIES, INC. 254 West 31 St., New York 1, N.Y.

Quick PALLIATIVE For SIMPLE Hemorrhoids

Lanolin in Resinol Ointment lubricates tender parts as soothing medicants relieve itching and burning and give hours of relaxed comfort. If usual remedies have failed—try Resinol.

Would you like a professinal sample? Write Resinol ME-34, Baltimore 1, Md.

RESINOL OINTMENT

HANSON DIET SCALE

Standard diet scale of the medical profession.

Capacity 500 grams
by grams.
Rotating dial eliminates
computation.
Model 1417, alass pro-

Model 1411, glass protected dial, price \$15.00. Model 1440, enemel dial, price \$10.00. See your supply house

HANSON SCALE CO. Est. 1888 Chicago 22, III.

ment as incubators, oxygen supplies, blood banks, and blood-typing facilities;

¶ Lack of space, causing overcrowding of delivery rooms, wards, and nurseries;

¶ Lack of isolation rooms for infected patients.

Ratings for individual hospitals vary widely. In some, a newborn baby's chances of survival seem to be three times as good as in others. In general wards, where house staffs are in charge, infant mortality is apparently 50 per cent higher than among private patients in the care of obstetricians or general practitioners.

While infant mortality in the first year has been reduced by two-thirds since 1910, deaths in the first month have only been halved, and 50 per cent of these occur the first day, according to the survey.

However, New York hospitals are not necessarily inferior to those elsewhere, it emphasizes; in fact, the rate of baby deaths in New York is lower than in any other U.S. city with over a million population.

Dr. E. H. L. Corwin, executive secretary of the academy's public health relations committee, directed the study. He was aided by Dr. George Baehr, chairman of the committee; Dr. Norman Plummer, chairman of the subcommittee on neonatal mortality, and a professional and technical staff. The project was financed by grants from the Milbank Memorial Fund, the New York Foundation, and the New York Fund for Children.



lies, cilverrds,

intals orn to ers.

affs is

are

cti-

irst

rds

nth per

ac-

are

se-

the

is

ity

ive

ed or.

mer, on

ect he

rk

Medicine borrowed from the Greek when it named eczema from the word ekzeō, meaning "I boil over". In the treatment of skin that is "boiling over" the choice of soap is important, for an irritating detergent can further aggravate the condition and retard therapeutic response.

Pure, mild MAZON Soap and antiseptic, antipruritic, antiparasitic MAZON represent a dual therapy physicians have used for more than a quarter of a century in eczema, acute and chronic psoriasis, alopecia, ringworm, athlete's foot, and other skin conditions not caused by or associated with systemic or metabolic disturbances.

MAZON is greaseless... requires no bandaging; apply just enough to be rubbed in, leaving none on the skin.



Belmont Laboratories

Philadelphia, Pa.

Pointing out some important features of JOHNSON'S COTTON TIPS



 Smallness... an important feature of Johnson's Cotton Tips is their relative smallness. This makes them easier and safer to use when cleaning baby's nose and ears.



Construction...each cotton tip is spun so firmly on the stick that it can hardly be pulled off. The protection which this affords is obvious.



 Quality...Johnson's Cotton Tips need only this recommendation: they are produced by the world's largest maker of baby products.

Of course, Johnson's Cotton Tips are made from famous Red Cross* Cotton . . . and they are completely sterilized after packaging.

FREE! For a sample of Johnson's Cotton Tips, simply write us on your professional letterhead —Johnson & Johnson, Box31, New Brunswick, N. J.

JOHNSON'S

Johnson Johnson

*No connection whatever with American National Red Cross.

SUBJECT INDEX TO

Medical Economics

APRIL-SEPTEMBER, 1952

Back copies of MEDICAL ECONOMICS, containing these articles and items, may be purchased at the established back-copy price of 50 cents each. The following listings show title, month of issue, and page number. Italic type denotes items of lasting interest from The Newsyane, Speaking Frankly, and Sidelights departments.

ADOPTIONS

If They Want to Adopt a Child. July 70

AMERICAN MEDICAL ASSOCIATION

President's Report. May 25
A.M.A. Splits Over Health Commission. July

A.M.A. Prescribes for Federal Health. Aug. 121

Take in Osteopaths? Aug. 65

ANTI-VIVISECTION

Anti-Vivisectionists on the Run. April 74

ASSISTANTS

Letters to a Doctor's Secretary. April 141, May 141, June 149, July 152, Aug. 130, Sept. 147

G. P. Treats 97.7% of Patients in Full. July

BIOGRAPHY

Jacobi, Drs. Abraham and Mary Putnam, Pediatrician No. 1. April 153

Sander, Hermann-Two Years Later, April 91 Waggener, James A., He Helps Doctors Where They Live. May 129

Kauth, Phillip M., Sea Dog. June 129 Schwartz, George, Bachelor From the Bronx.

Shultz, George D., Medicine's Lone Ranger. June 71 Kaisch, Kenneth, He Moved to the Country. Aug. 89

BIRTH CONTROL

The Battle Over Birth Control. April 114

BLOOD BANKS

Red Cross vs. Medical Blood Banks Again. April 227

CHARITY CONTRIBUTIONS

Are Doctors Poor Givers? June 143

CIVIL DEFENSE

Is Your City Ready for an A-Bomb? July 201

COLLECTIONS

But IS It 'Payment in Full'? April 89
Test Your Collection Psychology. June 161
Those Unpaid Bills. Aug. 117
Letters to a Doctor's Secretary. Sept. 147
When Is a Doctor Bill Outlawed? Sept. 129

DISCRIMINATION

Color Lines Vanishing for Negro Doctors. July

Accuse Medical Schools of Still Barring Jews. Sept. 259

DRUGGISTS

Pharmacists Charge M.D.'s With Drug Violations. June 230

d Cross.

ips

on:

ld's

EDUCATION

New Interstate Compacts Aid Medical Training, April 221

Would Broaden Programs of Medical Meetings. April 223

Yeshiva Medical School Throws the Book Away. April 217

A Business-and-Pleasure Trip Abroad. May 124

Cut Down on Useless Staff Meetings? May 225 Young Doctors Learn Medical Economics. June 234

Color TV Goes to Medical School. July 114

Medical Students Become Family Health Advisers. July 230

Teachers First. July 52

A New Era for the G.P.? Aug. 84

No Ivory-Tower Approach for These Future M.D.'s. Aug. 204

Rx for Too Many Medical Meetings. Sept. 103 The Interne Shortage and You. Sept. 84

EQUIPMENT

Is Your Old Diathermy Equipment Obsolete?

June 177

Finds It Now Costs More to Hang Out Shingle. Aug. 167

ETHIC

Fee Splitting: Why Is It Unethical? May 67
Alerts Patients Against 'Ghost Surgery' Menace. June 202

Correct Conduct in Consultations. Aug. 80
Groups Warned Against Soliciting Patients,
Aug. 206

What the Ethics Code Says About It. Sept. 94

FEES

108

Fee Splitting: Who Does It-and Why. April

Fee Splitting, May 28

Fee Splitting: Why Is It Unethical? May 67 Supreme Court Quashes Kickback Case. May

The Sliding Scale of Fees. May 113

Fee Splitting: How to Combat It. June 84 How to Get Known as a Dollar Chaser. June

Iowa Medical Society O.K.'s Joint Billing. June 185

Escalator Schedule Curbs House Call Pleas. July 215

Fee Splitting. July 25

Why Not Split Fees? July 76

'Blue Shield Makes Us Split Fees.' Aug. 68

Booklet Solves Fee Mystery for Patients. Aug. 94

Fee Splitting. Aug. 23

Tells 'Merchandiser' He Discredits Profession. Aug. 193

A.C.S. Further Clarifies Stand on Fee Splitting. Sept. 211

Says High Fees Not Major Cause of Grievance. Sept. 230

Splee Fitting, Yes and No. Sept. 76

To Split or Not. Sept. 27

FOREIGN DOCTORS

D.P.'s Help Lick Rural Doctor Shortage. Sept. 246

How You Look to the D.P. Doctor. Sept. 133 The Interne Shortage and You. Sept. 84

GENERAL PRACTICE

I'm Glad I Left General Practice. April 194 G.P. Treats 97.7% of Patients in Full. July 80 A New Era for the G.P.? Aug. 84

GROUP PRACTICE

For Specialists Only. May 34

Groups Warned Against Soliciting Patients.

Aug. 206

Groups Are Booming in California. Sept. 121

HEALTH INSURANCE, COMPULSORY

A Common Goal. April 24

Spokesman Cites Labor's Health Insurance Aims. April 225

Why British G.P.'s Feel Frustrated. April 246 Latest Role for British M.D.'s: Tax Collectors? May 213

Senator Douglas Praises U.S. System of Medicine-May 223

A.M.A. Splits Over Health Commission. July

What They Don't Know. Aug. 50

About Eisenhower. Sept. 65

Doctors Face Threat From Abroad. Sept. 167

HEALTH INSURANCE, VOLUNTARY

Praises Blue Shield's 'Magic of Averages.'
April 219

Birth-to-Death Plan Wins Coast Unions. May 227

Can Your Patient Tell a Cross From a Shield?
May 216

Should Health Insurance Cover All Expenses? May 242

'Any Other Surgery, \$5' Say Some Propay Plans. June 221 Blue Shield Loopholes. June 65

ug.

on.

lit-

ev-

pt.

33

80

ıts.

21

sce

46

ec-

di-

uly

67

08.

lay

ld?

es?

wy

Court O.K.'s Health Plan That Doctors Oppose. June 187

G.E. Pioneers Catastrophic Coverage. June 135

Local Doctors Sponsor Catastrophic Coverage.

June 182

Service Principle Called Vital to Prepay Plans. June 232

Administrative Medicine: Make It a Specialty! July 93

A Green Light for Blue Shield. July 135

Blue Shield Blossoms Out as M.D. Pay Source.

Iuly 197

Health Plan Rocked by Fee Frauds. July 97

Medical Families Take to Catastrophic Policy.

July 911

More State Regulation of Blue Shield Urged. July 215

Our 'Free-for-All' V.A. Hospitals. July 88 Physicians See Movie of Health Plan Office. July 236

Time for Blue Shield to Check Its Course? July 207

'Blue Shield Makes Us Split Fees.' Aug. 68 Blue Shield Plan Gets an Exploratory Laparotomy. Aug. 183

More Loopholes. Aug. 23

What They Don't Know. Aug. 50

Will Abuses Choke Prepay Plans? Sept. 127
Will High Fees Undermine Catastrophe Insurance? Sept. 266

HOSPITALS

A Tax Gambit to End Hospital Deficits? April 213

Local Banks Finance Hospital Accounts. April 242

Make M.D.'s Pay Hospital Losses? No, Says Expert. April 203

The Battle Over Birth Control. April 114
Writer Deplores Patient Gouging by Hospitals. May 247

Are Doctors Poor Givers? June 143

Administrative Medicine: Make It a Specialty! July 93

Assert Doctors' Right to Delegate Hospital Tasks. July 193

Have You Ever Seen a Hospital Bill? July 221 How to Get Along With Your Hospital. July 169

Says Hospitals Don't Need Doctor at Helm. July 197

Shelve Staff Men at 65? Doctors Disagree. July 198 Streamlined Diagnosis Urged by A.H.A. Head, July 213

Report Shows Hospitals Crowded But Efficient. Aug. 190

Rigid Hospital Routine Called Bad Medicine. Aug. 199

Yardsticks for a Community Hospital. Aug. 76 'Hitlers in Our Hospitals.' Sept. 176

'Hitlers in Our Hospitals.' Sept. 176
M.D.'s Battle It Out With D.O.'s. Sept. 71
Nov. Hill Burton Figures Show Cond Proc.

New Hill-Burton Figures Show Good Progress. Sept. 211 New Hospitals Have Their Headaches, Sur-

vey Finds. Sept. 223
One Way to Remove Sting from Hospital

Bills² Sept. 236

The Interne Shortage and You. Sept. 84

HUMOROUS COMMENTARY

I Streamlined My Practice—Alas! April 77
Convention Portraits. June 74
Et Al and the Case Report. June 93
Planning Your Vacation, Hmm? July 108
As Radio Portrays the Doctor. Aug. 128
Do You Know Your Medical Proverbs? Sept.

179
Lament for a Sunday Afternoon, Sept. 116
Splee Fitting, Yes and No. Sept. 76

INCOMES

If Doctors Were Plumbers. April 94

Everyone Is Richer-Except the Rich, May
218

Are You Really Better Off Than in 1939? June 219

How About a Business on the Side? Sept. 80

INDUSTRIAL MEDICINE

Does Industrial Work Pay Off for the M.D.?
April 209

G.E. Pioneers Catastrophic Coverage. June 135

Insurance Payments. Sept. 33

INSURANCE

Cites Hazard of Scanty Malpractice Coverage. May 210

Endowment Insurance: A Good Buy? May 84 Too Much Insurance. May 48

Too Much Insurance. May 48 How to Buy Life Insurance. Aug. 96

Life Insurance: How Much Is Enough? Sept. 96

Malpractice Insurance. Sept. 31

INTERNES

The Interne Shortage and You. Sept. 84

INVESTMENTS

Investment Risk. April 43

Pros and Cons of Convertible Preferred Stocks.

How About a Business on the Side? Sept. 80 One-Basket Investors. Sept. 47

LAW

But IS It 'Payment in Full'? April 89 Are You Campaigning Legally? May 103 Before You Sign a Lease. May 96 Look Before You Lease. May 47 Rules Confessions Under Hypnosis Are Ille-

gal. June 211 A Green Light for Blue Shield. July 135

If They Want to Adopt a Child. July 70 Lawyer Scores Doctors Who Testify Falsely. Aug. 179

What Is Legal Insanity? M.D.'s, Lawyers Disagree. Aug. 218

When Is a Doctor Bill Outlawed? Sept. 129 Who Owns a New Fixture, You or the Landlord? Sept. 249

LOCATION AND DISTRIBUTION

Small Towns a Bonanza for Young Doctors. April 223

He Moved to the Country. Aug. 89 D.P.'s Help Lick Rural Doctor Shortage. Sept. 246

MALPRACTICE

The Doctors' Conspiracy of Silence. April 167 The Doctors Break Their Silence. Aug. 141 Malpractice Insurance. Sept. 31 Warning: Your Tongue Can Wag You Into Court. Sept. 253

MEDICAL COSTS

'Explain That Doctor Bill!' April 133 Medical Guarantee. April 65 The Medical Care Dollar. April 138 Have You Ever Seen a Hospital Bill? July 221 One Way to Remove Sting from Hospital Bills? Sept. 236

MEDICAL SCHOOLS

Report on the Medical Schools. April 129 Co'or TV Goes to Medical School, July 114 A New Era for the G.P.P Aug. 84

MEDICAL SOCIETIES

Medical Guarantee. April 65 Private Care for Public Patients. April 99 He Helps Doctors Where They Live. May 129 Are Grievance Committees Often Too 'Bashful'? June 201

He Reaps Rewards for Doctors. June 113 More State Societies Now Sending Out Field Men. Sept. 252

Rx for Too Many Medical Meetings. Sept. 103

MILITARY MEDICINE

What We've Learned in Korea. May 90

OFFICES

Small-Town Office Goes Modern. April 72 Movable Walls for Your Office? June 98 How-and How Not-to Soundproof. Sept. 73

OSTEOPATHS

Take in Osteopaths? Aug. 65 M.D.'s Battle It Out With D.O.'s. Sept. 71

PATIENT RELATIONS

Advocates Keeping Lists of 'Shopper' Patients. April 205

Discuss Money Matters? Go Right Ahead. April 205

'Explain That Doctor Bill!' April 133

Letters to a Doctor's Secretary. April 141, June 149, July 152

'When Doctors Are Patients.' May 71

High Fees Not the Only Trouble, Says Committee. June 209

How to Get Known as a Dollar Chaser. June

Your Prescription as the Patient Sees It. June

A Psychologist Goes to the Poctor. July 67 Patient's-Eve View. July 65

Booklet Solves Fee Mystery for Patients. Aug.

When the Doctor Gets the Treatment. Aug. 101

Why Patients Don't Come Back. Aug. 72 Do Patients Accept Your Advice? Sept. 66 Patients Show Impatience With Waiting Room Waits. Sept. 243

Says High Fees Not Major Cause of Grievance. Sept. 200

POLITICS

Are You Campaigning Legally? May 103 Doctors in Politics. May 63 Committee Blazes Trail for Election Campaigns. Aug. 181 About Eisenhower. Sept. 63 Campaign Warning. Sept. 47

PRACTICE MANAGEMENT

I Streamlined My Practice—Alas! April 77 G.P. Treats 97.7% of Patients in Full. July 80 Former Patient-Load Peak Becomes Plateau. Sept. 2.18

PRESCRIBING

Bash-

Field

Sept.

13

0

72

pt. 73

. 71

tients.

head.

141.

Com-

June

June

67

Aug

Aug.

72

66

Room

Griev-

13

Cam-

Your Prescription as the Patient Sees It. June 76

PROFESSIONAL RELATIONS

Letters to a Doctor's Secretary. April 141
The Doctors' Conspiracy of Silence. April 167
Good Form in Referrals. May 86
Should a Doctor Get a Doctor Bill? May 231
Doctors, Dentists, Druggists Have Ins at
Yearly Outing. June 80

Says M.D.'s Intimidated Salaried Professors.

June 221

Correct Conduct in Consultations. Aug. 80 Professional Courtesy. Aug. 47 The Doctors Break Their Silence. Aug. 141 When the Doctor Gets the Treatment. Aug. 101

Doctors' Wives Are a Problem. Sept. 160 How You Look to the D.P. Doctor. Sept. 133

PUBLIC HEALTH

Asks Recision of Federal Health Programs.

April 211

Private Care for Public Patients. April 99

PUBLIC RELATIONS

Doctors Take to TV. April 80 Is Your Grievance Group Really Doing a Job? April 234 Medical Guarantee. April 65

Medical Guarantee. April 65
Specialists Asked to Be Less Aloof. April 219
TB/Cancer Drug Ballyhoo Puts Doctors on
Spot. May 79

Texas M.D.'s Tell Public, 'Door's Always Open.' May 235

He Reaps Rewards for Doctors, June 113 A 'Waste of Time' to Warn Public of Disease Risk? July 193

Patient's-Eye View. July 65

RURAL PRACTICE

Rural Reflections. June 34 He Moved to the Country. Aug. 89

SALARIED PRACTICE

I'm Glad I Left General Practice. April 194 Administrative Medicine: Make It a Specialty! July 93

SOCIAL SECURITY

Are You 'Short-Changed' on Old-Age Benefits? June 197

'Free-Care-for-Aged' Backers Woo Doctors.
July 219

Are Part-Time Salaried Doctors 'Employes'? Aug. 173

Doctors Face Threat From Abroad. Sept. 167 Those Withholding Taxes. Sept. 111

SPECIALISM

Administrative Medicine: Make It a Specialty! July 93 Are Surgeons Victims of Own Publicity? Sept.

Are Surgeons Victims of Own Publicity? Sept. 213

TAXES

Supreme Court Quashes Kickback Case. May 88

When the Tax Auditor Comes. June 66 Spot Check Indicates More Towns Now Taxing M.D.'s. Aug. 165

You Can Deduct for Entertainment. Aug. 115
Doctors Seek Aid Against T-Men Hunting
Split Fees. Sept. 240

For Tax Purposes, What is Entertainment? Sept. 245

Good News on Tax Relief for Doctor-Authors. Sept. 262

Those Withholding Taxes. Sept. 111

UNIFORMS

What M.D.'s Are Wearing in the Office. Aug. 109

VACATIONS

A Business-and-Pleasure Trip Abroad. May 124

I Took an Alaskan Vacation. May 75 Planning Your Vacation, Hmm? July 108

VETERANS ADMINISTRATION

Administrative Medicine: Make It a Specialty! July 93

Our 'Free-for-All' V.A. Hospitals. July 88 Charges Flood of Tycoons Inundates V.A. Hospitals. Aug. 210

WIVES

Doctors' Wives Are a Problem. Sept. 100

WRITING
What's in a Name? Well, Maybe a Capital
Letter. May 241
Et Al and the Case Report. June 93



 MEDICAL ECONOMICS aims to serve as a clearinghouse of ideas—useful, interesting ideas for the M.D. We learned long ago, however, that such ideas don't automatically come to us for clearance.

You might think otherwise. You might think that a steady stream of manuscripts cascaded into our IN baskets, that our editors had merely to select the cream of the crop. Unfortunately—with rare and welcome exceptions—the best ideas don't develop that way.

Take, for example, the hundredodd major articles we've published over the last six months. A recheck of their origins shows that only 15 per cent came in unsolicited—"over the transom"—without preliminary spadework on our editors' part.

How did the remaining 85 per cent originate? Usually, as a result of staff field trips. These supply a good part of the grist that keeps our editorial mills turning.

Once a month, on the average, each editor leaves his desk for a week or two of traveling. His trip is generally built around some or all of these things: 1. Specific story leads—for example, a medical fee experiment in Gary, Ind., or a hospital staff dispute in Poughkeepsie, N.Y.; a well-organized medical practice in Morgantown, Ky., or a building full of office ideas in Houston, Tex.

2. Visits with authorities. Even if he lacks specific leads, an editor regularly makes exploratory calls on such people as income-tax consultants in Washington; medico-legal experts in New York and Los Angeles; and professional management men in Chicago, Cincinnati, and Battle Creek.

3. Attendance at medical gatherings. While we don't cover conventions as such, our editors often drop in to talk with medical leaders present. At one Atlantic City meeing, seven MEDICAL ECONOMICS Staffers were on hand for such interviews.

 Calls on individual doctors. In selected cities, from time to time, every private practitioner has been visited. Many of our most practical articles originate thus.

How else do we evoke helpful article ideas? By mail, by phone, and from regional reporters.

But field trips remain the sine qua non. For they open a direct pipeline to the best source of all: the M.D.'s who contend in everyday practice with the problems we deal with in print.

-LANSING CHAPMAN

enzocan Antibio

TRACINETS®, pleasant-tasting troches, combine bacitracin, 50 units, tyrothicin, 1 mg, and benzocaine, 5 mg.—for rapid, effective control of certain susceptible infections of the oropharyngeal mucosa, and for relief from local irritation and discomfort. Available on prescription only. Visls of 12 troches. Sharp & Dohme, Philadelphia 1, Pa.

ets.

Bacitracin-Tyrethricin Treches

nnslr-

or or al

fffs. in e,

ul e,

ct l: y-



To eliminate the factor of forgetfulness use IVORY HANDY PADS

When the patient's forgetfulness is a factor in the failure of certain routine procedures, the doctor now has a simple solution: he can use the Ivory Handy Pads. Each of the six different Handy Pads contains 50 leaflets with printed instructions covering a supplementary home routine.

By handing the patient a feaflet from the appropriate Handy Pad the doctor minimizes discussion time and, in addition, provides the indicated instructions in a permanent, easy-to-follow form. Ivory Handy Pads contain only professionally accepted routine instructions.



Instructions for routine care of ACNE SAVES YOUR TIME...

SAVES YOUR TIME... HELPS YOUR PATIENTS

YOU CAN OBTAIN. FREE-ANY OR ALL OF THE IVORY HANDY PADS
Write, on your prescription blank, to IVORY SOAP, Dept. 2, Box 687, Cincinnati 1, Ohio



9944/100% Pure - It Floats

Ask for the Handy Pads you want by number. No cost or obligation.

No. 1: "Instructions for Routine Care of Acne."

No. 2: "Instructions for Bathing a Patient in Bed." No. 3: "Instructions for Bathing Your Baby."

No. 4: "The Hygiene of Pregnancy."

No. 5: "Home Care of the Bedfast Patient."

No. 6: "Sick Room Precautions."